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San Francisco Monthly STD Report

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Data for October, 1998
Report prepared November 18, 1998

Table 1. STDs diagnosed among San Francisco residents, October, 1998.

	This year		Last year	
	this month	*year to date*	*this month*	*year to date*
Gonorrhea	134	1,634	168	1,327
male rectal gonorrhea	10	137	11	97
Chlamydia	151	2,140	221	1,882
Syphilis (adult total)	7	91	15	152
primary	0	9	5	19
secondary	0	10	1	29
(P&S subtotal)	0	19	6	48
early latent	1	14	2	14
(early subtotal)	1	33	8	62
unknown latent	0	5	0	14
late latent	6	53	7	76
Non-gonococcal urethritis	47	614	77	732
Pelvis inflammatory disease	6	47	1	38
Congenital syphilis	0	0	0	2
births	0	0	0	2
stillbirths	0	0	0	0
Chancroid	1	3	0	3
confirmed	1	1	0	0
presumptive	0	2	0	3

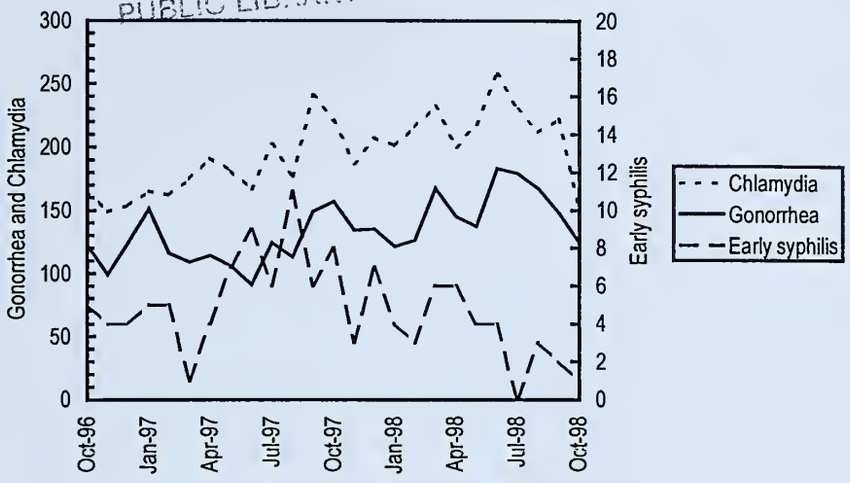

Figure 1. Monthly STD trends for San Francisco. Note different scale for syphilis cases.

Note: All statistics are provisional until the annual report is released for the year. Morbidity is based on date of diagnosis. Totals for past months may change due to delays in reporting from labs and providers.

Table 2. Selected STD cases and rates for San Francisco by age and race/ethnicity, 1998 through October only. Rates equal cases per 100,000 residents per year based on 1990 US Census data.

	(All races)		Asian/PI		African American		Hispanic		White	
	cases	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*
All ages										
Chlamydia	2,140	354.7	230	134.2	736	1156.9	344	409.9	366	130.3
Gonorrhea	1,634	270.8	64	37.3	479	752.9	164	195.4	636	226.4
Early syphilis	33	5.5	3	1.8	9	14.2	10	11.9	7	2.5
Adolescent (under 20 yrs)										
Chlamydia	608	2063.2	63	521.4	303	7143.4	84	1372.7	50	729.8
Gonorrhea	179	607.4	1	8.3	112	2640.5	18	294.2	19	277.3
Early syphilis	2	6.8	0	0.0	0	0.0	1	16.3	1	14.6

Editorial Note:

During the last year gonorrhea and chlamydia rates slowly have been increasing in San Francisco. However, during October 1998 there was a decline in the number of reported cases of gonorrhea and chlamydia. Syphilis cases during 1998 have been substantially lower than during 1997, with no infectious cases (primary or secondary syphilis) reported during October.

The Centers for Disease Control and Prevention released a report this summer, "HIV Prevention through Early Detection and Treatment of Other Sexually Transmitted Diseases – United States: Recommendations of the Advisory Committee for HIV and STD Prevention." STDs other than HIV increase the risk for HIV infection 2-5 times. Thus, the report advocates that early detection and treatment of curable STDs should be widely implemented as an HIV prevention strategy. It recommends that all sexually active males and females <25 years of age be screened annually for gonorrhea and chlamydia in areas where the prevalence of these infections is >2%. In addition, older high risk persons should be screened. Serologic screening for syphilis also should be conducted in high risk persons. In San Francisco, data collected from STD Prevention and Control Services screening sites shows the prevalence of chlamydia to be greater than 2% at all sites. Thus, **we recommend that all sexually active young persons in San Francisco be screened for chlamydia and gonorrhea annually.** Asymptomatic screening for chlamydia and gonorrhea, especially in males, has been greatly enhanced by the availability of urine based diagnostic testing. *CKK*

San Francisco Dept of Public Health, *STD* Prevention and Control Services

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San Francisco Monthly STD Report

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Data for November, 1998
Report prepared December 17, 1998

Table 1. STDs diagnosed among San Francisco residents, November, 1998.

	This year		Last year	
	this month	*year to date*	*this month*	*year to date*
Gonorrhea	118	1,793	150	1,477
male rectal gonorrhea	3	142	16	113
Chlamydia	143	2,353	187	2,069
Syphilis (adult total)	6	105	13	165
primary	0	9	0	19
secondary	0	14	2	31
(P&S subtotal)	0	23	2	50
early latent	1	14	1	15
(early subtotal)	1	37	3	65
unknown latent	0	7	0	14
late latent	5	61	10	86
Non-gonococcal urethritis	41	653	51	783
Pelvis inflammatory disease	4	52	2	40
Congenital syphilis	0	0	0	2
births	0	0	0	2
stillbirths	0	0	0	0
Chancroid	0	4	0	3
confirmed	0	1	0	0
presumptive	0	3	0	3

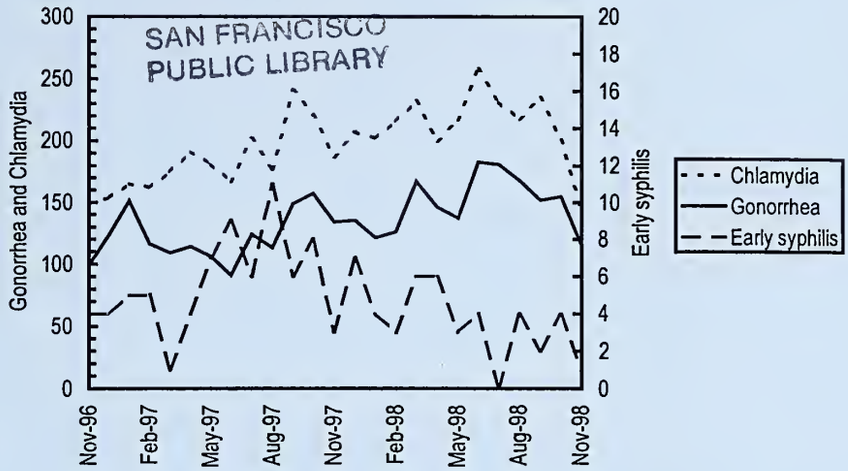

Figure 1. Monthly STD trends for San Francisco. Note different scale for syphilis cases.

Note: All statistics are provisional until the annual report is released for the year. Morbidity is based on date of diagnosis. Totals for past months may change due to delays in reporting from labs and providers.

Table 2. Selected STD cases and rates for San Francisco by age and race/ethnicity, 1998 through November only. Rates equal cases per 100,000 residents per year based on 1990 US Census data.

	(All races)		Asian/PI		African American		Hispanic		White	
	cases	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*
All ages										
Chlamydia	2,353	354.6	253	134.2	805	1150.3	375	406.2	400	129.4
Gonorrhea	1,793	270.2	65	34.5	539	770.2	178	192.8	692	223.9
Early syphilis	37	5.6	4	2.1	10	14.3	9	9.8	9	2.9
Adolescent (under 20 yrs)										
Chlamydia	669	2063.9	67	504.1	328	7029.8	95	1411.4	55	729.8
Gonorrhea	198	610.8	1	7.5	125	2679.1	20	297.1	20	265.4
Early syphilis	2	6.2	0	0.0	0	0.0	1	14.9	1	13.3

Editorial Note:

Between Summer 1997 and Summer 1998, gonorrhea and chlamydia rates slowly increased in San Francisco. However, since July 1998 there has been an overall decline in the number of reported cases of gonorrhea and chlamydia. Syphilis cases during 1998 have continued to be substantially lower than during 1997, with only one early syphilis infection (syphilis infection of less than 1 year duration) reported during November.

Adolescents less than 20 years of age have 6.6 times the rate of chlamydia (CT) and 1.6 times the rate of gonorrhea (GC) as adults in San Francisco. Table 2 shows the rates of selected STDs in adolescents and persons of all ages. Adolescents are at increased risk for STDs due to a greater number of sexual partners than adults greater than 20 years of age and inadequate condom usage. In addition, the immature cervix of adolescent women provides a greater number of host cells for CT than the mature cervix, making adolescent women more likely to become infected if exposed to CT. Data collected from adolescent facilities in San Francisco and Los Angeles show that greater than 90% of CT infections in both males and females are asymptomatic. Thus, it is **critical to screen sexually active young persons for CT and GC annually, and to discuss STDs, HIV and reproductive health issues.** This will decrease young persons' risk for HIV and unintended pregnancy, as well as reduce adverse STD sequelae in young women such as infertility, ectopic pregnancy, pelvic inflammatory disease and chronic pain. *CKK*

San Francisco Dept of Public Health, STD Prevention and Control Services

San Francisco Monthly STD Report

REVISED Data for December, 1998
Report prepared February 17, 1999

Table 1. STDs diagnosed among San Francisco residents, December, 1998.

	This year		Last year	
	this month	*year to date*	*this month*	*year to date*
Gonorrhea	185	2,021	151	1,627
male rectal gonorrhea	14	162	16	129
Chlamydia	186	2,611	207	2,275
Syphilis (adult total)	9	123	15	180
primary	0	10	3	22
secondary	1	16	3	34
(P&S subtotal)	1	26	6	56
early latent	1	15	1	16
(early subtotal)	2	41	7	72
unknown latent	0	6	2	16
late latent	7	76	6	92
Non-gonococcal urethritis	49	707	67	849
Pelvis inflammatory disease	3	56	0	40
Congenital syphilis	0	0	0	2
births	0	0	0	2
stillbirths	0	0	0	0
Chancroid	1	5	0	3
confirmed	0	1	0	0
presumptive	1	4	0	3

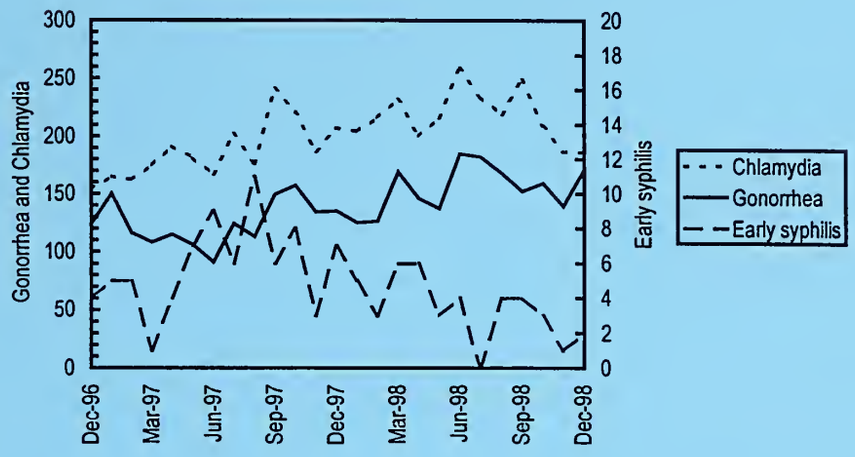

Figure 1. Monthly STD trends for San Francisco. Note different scale for syphilis cases.

Note: All statistics are provisional until the annual report is released for the year. Morbidity is based on date of diagnosis. Totals for past months may change due to delays in reporting from labs and providers.

Table 2. Selected STD cases and rates for San Francisco by age and race/ethnicity, 1999 through January only. Rates equal cases per 100,000 residents per year based on 1990 US Census data.

	(All races)		Asian/PI		African American		Hispanic		White	
	cases	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*
All ages										
Chlamydia	2,611	360.7	282	137.1	891	1167.1	414	411.1	445	132.0
Gonorrhea	2,021	279.2	71	34.5	620	812.1	204	202.6	780	231.4
Early syphilis	41	5.7	4	1.9	11	14.4	10	9.9	10	3.0
Adolescent (under 20 yrs)										
Chlamydia	750	2120.9	78	537.9	370	7269.2	104	1416.3	62	754.1
Gonorrhea	217	613.7	1	6.9	142	2789.8	20	272.4	23	279.7
Early syphilis	2	5.7	0	0.0	0	0.0	1	13.6	1	12.2

Editorial Note:

Although we still consider 1998 data provisional, we have updated and revised the December 1998 monthly report, because year end reports are the most commonly used and cited. This report more closely reflects true end of year numbers. **Please replace your previous December 1998 report with this one.**

The 1998 San Francisco Sexually Transmitted Disease Annual Summary will be available in June 1999, and will be distributed to those on the San Francisco Monthly STD Report mailing list. This summary is generally about 90 pages and includes detailed information about reported STD morbidity by demographic characteristics. *CKK*

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San Francisco Monthly STD Report

Data for January, 1999
Report prepared February 16, 1999

Table 1. STDs diagnosed among San Francisco residents, January, 1999.

	This year		Last year	
	this month	*year to date*	*this month*	*year to date*
Gonorrhea	115	115	138	138
male rectal gonorrhea	10	10	14	14
Chlamydia	137	137	202	202
Syphilis (adult total)	3	3	11	11
primary	0	0	2	2
secondary	1	1	2	2
(P&S subtotal)	1	1	4	4
early latent	0	0	1	1
(early subtotal)	1	1	5	5
unknown latent	0	0	0	0
late latent	2	2	6	6
Non-gonococcal urethritis	35	35	71	71
Pelvic inflammatory disease	6	6	2	2
Congenital syphilis	0	0	0	0
births	0	0	0	0
stillbirths	0	0	0	0
Chancroid	0	0	0	0
confirmed	0	0	0	0
presumptive	0	0	0	0

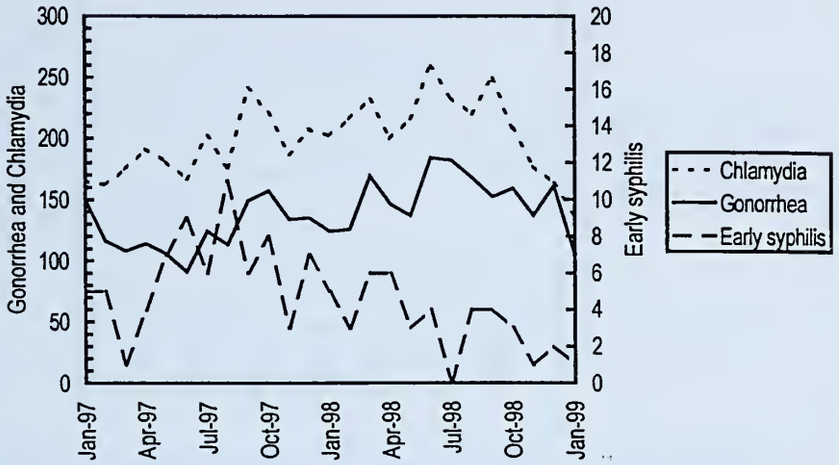

Figure 1. Monthly STD trends for San Francisco. Note different scale for syphilis cases.

Note: All statistics are provisional until the annual report is released for the year. Morbidity is based on date of diagnosis. Totals for past months may change due to delays in reporting from labs and providers.

Table 2. Selected STD cases and rates for San Francisco by age and race/ethnicity, 1999 through January only. Rates equal cases per 100,000 residents per year based on 1990 US Census data.

	(All races)		Asian/PI		African American		Hispanic		White	
	cases	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*
All ages										
Chlamydia	137	227.1	14	81.7	61	958.8	26	309.8	29	103.2
Gonorrhea	115	190.6	6	35.0	53	833.1	14	166.8	40	142.4
Early syphilis	1	1.7	0	0.0	0	0.0	0	0.0	0	0.0
Adolescent (under 20 yrs)										
Chlamydia	40	1357.4	4	331.0	22	5186.6	5	817.1	5	729.8
Gonorrhea	14	475.1	0	0.0	12	2829.1	0	0.0	1	146.0
Early syphilis	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

Editorial Note:

Since July 1998 there has been an overall decline in the number of reported cases of gonorrhea and chlamydia. With again only one early syphilis infection (syphilis infection of less than 1 year duration) reported last month (January), the trend of substantially lower numbers of syphilis cases compared to 1997 has continued.

During 1998, the Centers for Disease Control and Prevention launched an initiative to eliminate syphilis from the United States. Three points make syphilis amenable to elimination now: 1) It has a human reservoir, simple diagnosis and treatment, and a long incubation period. 2) The lowest incidence ever reported occurred during 1997. There are cyclic national epidemics every 7-10 years so elimination efforts must occur while at the nadir of the cycle. 3) Syphilis is localized within a few endemic areas, with more than 50% of primary and secondary syphilis in 1997 occurring in just 31 (1.0%) of the 3115 counties. Since San Francisco was one of these 31 counties, we have launched a campaign to eliminate syphilis from our county. We are expanding targeted screening and surveillance for syphilis, have developed a rapid response team to investigate and follow-up with every early syphilis case, and have implemented enhanced education and alerts for providers about syphilis. Additionally, elimination of syphilis is critical in our efforts to control HIV transmission in San Francisco, since it dramatically increases the likelihood of sexual transmission of HIV. **We have a rare opportunity to eliminate syphilis from San Francisco. Please help us by increasing your vigilance and reporting early cases within 24 hours.** *CKK*

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San Francisco Monthly STD Report

Data for February, 1999
Report prepared March 11, 1999

Table 1. STDs diagnosed among San Francisco residents, February, 1999.

	This year		Last year	
	this month	*year to date*	*this month*	*year to date*
Gonorrhea	99	233	137	276
male rectal gonorrhea	9	20	11	25
Chlamydia	114	291	216	420
Syphilis (adult total)	4	8	4	15
primary	1	1	1	3
secondary	0	1	1	3
(P&S subtotal)	1	2	2	6
early latent	0	0	1	2
(early subtotal)	1	2	3	8
unknown latent	0	0	0	0
late latent	3	6	1	7
Non-gonococcal urethritis	44	79	71	141
Pelvic inflammatory disease	3	10	4	6
Congenital syphilis	0	0	0	0
births	0	0	0	0
stillbirths	0	0	0	0
Chancroid	0	0	1	1
confirmed	0	0	0	0
presumptive	0	0	1	1

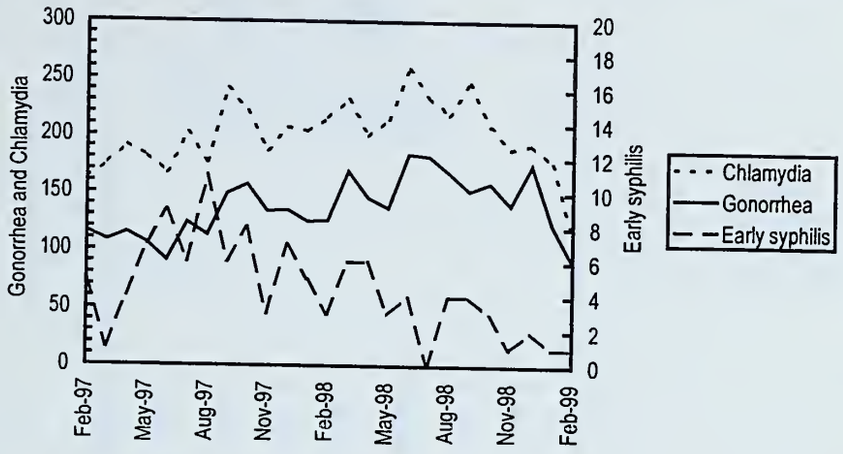

Figure 1. Monthly STD trends for San Francisco. Note different scale for syphilis cases.

Note: All statistics are provisional until the annual report is released for the year. Morbidity is based on date of diagnosis. Totals for past months may change due to delays in reporting from labs and providers.

Table 2. Selected STD cases and rates for San Francisco by age and race/ethnicity, 1999 through February only. Rates equal cases per 100,000 residents per year based on 1990 US Census data.

	(All races)		Asian/PI		African American		Hispanic		White	
	cases	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*
All ages										
Chlamydia	291	241.2	33	96.3	114	896.0	48	286.0	51	90.8
Gonorrhea	233	193.1	10	29.2	88	691.6	40	238.3	81	144.2
Early syphilis	2	1.7	0	0.0	1	7.9	0	0.0	0	0.0
Adolescent (under 20 yrs)										
Chlamydia	83	1408.3	10	413.8	42	4950.9	9	735.4	6	437.9
Gonorrhea	25	424.2	2	82.8	17	2003.9	2	163.4	1	73.0
Early syphilis	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

Editorial Note:

Since July 1998 there has been an overall decline in the number of reported cases of gonorrhea and chlamydia. With again only one early syphilis infection (syphilis infection of less than 1 year duration) reported last month (February), the trend of substantially lower numbers of syphilis cases compared to 1997 has continued.

The San Francisco Board of Supervisors has issued a resolution proclaiming **April as STD Awareness Month.** During April, STD Services will be publicizing the importance and ease of being tested for STDs via posters in bus shelters, local papers, and on Bay Area radio and television stations. Additionally, there will be a Town Hall meeting on March 25, 1999 to discuss STDs/HIV in the African-American community of San Francisco. The meeting will be held from 6-8pm at the West Bay Conference Center, 1290 Fillmore St. In order to facilitate access to STD testing, the neighborhood public health centers will be offering drop-in STD testing during April. Please call your local health center for more information. In addition, STD Services in conjunction with the San Francisco Unified School District will be offering free testing for chlamydia and gonorrhea at four high schools. If you would like more information about STD testing in San Francisco, please call (415) 487-5573. *CKK*

San Francisco Monthly STD Report

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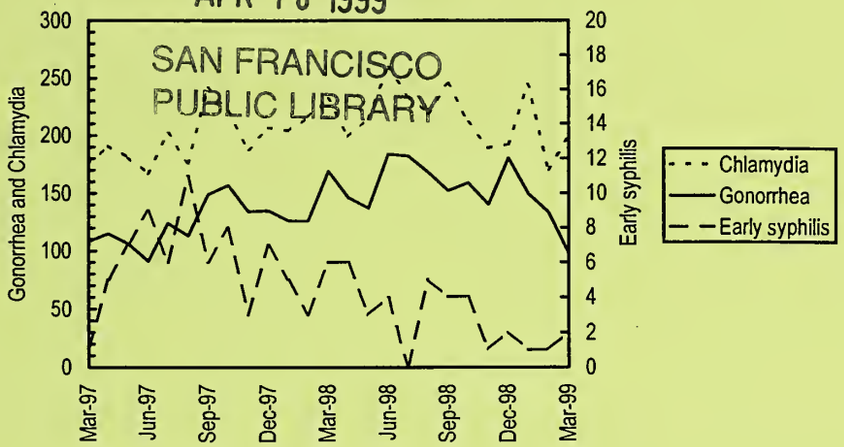
Data for March, 1999
Report prepared April 9, 1999

Table 1. STDs diagnosed among San Francisco residents, March, 1999.

	This year		Last year	
	this month	*year to date*	*this month*	*year to date*
Gonorrhea	111	417	188	465
male rectal gonorrhea	13	37	19	44
Chlamydia	198	612	232	652
Syphilis (adult total)	10	21	17	32
primary	0	1	2	5
secondary	0	1	1	4
(P&S subtotal)	0	2	3	9
early latent	2	2	3	5
(early subtotal)	2	4	6	14
unknown latent	1	1	2	2
late latent	7	16	9	16
Non-gonococcal urethritis	40	119	70	211
Pelvis inflammatory disease	4	16	8	14
Congenital syphilis	0	0	0	0
births	0	0	0	0
stillbirths	0	0	0	0
Chancroid	0	0	0	1
confirmed	0	0	0	0
presumptive	0	0	0	1



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	(All races)		Asian/PI		African American		Hispanic		White	
	cases	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*
All ages										
Chlamydia	612	338.1	62	120.6	217	1137.0	98	389.2	104	123.4
Gonorrhea	417	230.4	18	35.0	151	791.2	63	250.2	142	168.5
Early syphilis	4	2.2	0	0.0	1	5.2	2	7.9	0	0.0
Adolescent (under 20 yrs)										
Chlamydia	179	2024.8	18	496.6	82	6444.0	25	1361.8	14	681.1
Gonorrhea	41	463.8	2	55.2	27	2121.8	4	217.9	2	97.3
Early syphilis	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

Editorial Note:

Persons detained in jails are at high risk for STDs, though many have no symptoms. Because of this, the San Francisco Health Department has implemented the most comprehensive STD screening program among adult correction facilities in the United States.

Since Fall 1996, women and men in the county jails who are 18 to 30 years of age have routinely been screened for chlamydia, gonorrhea and syphilis. During 1998, these women had a higher prevalence of chlamydia and gonorrhea than women seen at the STD clinic (6.9% vs. 4.0% for chlamydia, 5.5% vs. 2.1% for gonorrhea). More cases of gonorrhea in women were detected at the jails than at the STD clinic.

For men screened in the jails during 1998, the prevalence of chlamydia was 6.5 percent, while the prevalence of gonorrhea was 1.8 percent. More cases of gonorrhea and chlamydia among men in San Francisco were found at the jails than anywhere else as the side of the STD Clinic.

We estimate that 85 percent of persons identified with an STD through this jail screening program were treated. Since these cases would otherwise most likely go undetected and untreated, this screening program has proven to be one of San Francisco's most effective public health interventions. *CKK/RPK*

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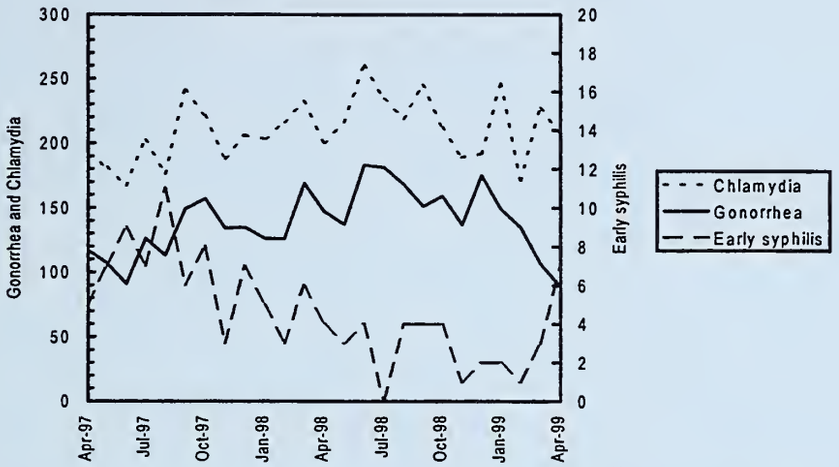
San Francisco Monthly STD Report

Data for April, 1999
Report prepared May 17, 1999

Table 1. STDs diagnosed among San Francisco residents, April, 1999.

	This year		Last year	
	this month	*year to date*	*this month*	*year to date*
Gonorrhea	89	480	147	568
male rectal gonorrhea	11	50	13	57
Chlamydia	208	852	200	851
Syphilis (adult total)	12	43	9	41
primary	1	3	1	6
secondary	5	6	2	6
(P&S subtotal)	6	9	3	12
early latent	1	4	1	6
(early subtotal)	7	13	4	18
unknown latent	0	5	1	3
late latent	5	25	4	20
Non-gonococcal urethritis	38	160	69	284
Pelvic inflammatory disease	2	19	4	18
Congenital syphilis	0	0	0	0
births	0	0	0	0
stillbirths	0	0	0	0
Chancroid	0	0	0	1
confirmed	0	0	0	0
presumptive	0	0	0	1



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	(All races)		Asian/PI		African American		Hispanic		White	
	cases	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*
All ages										
Chlamydia	852	353.1	93	135.6	290	1139.6	125	372.3	151	134.4
Gonorrhea	480	198.9	17	24.8	182	715.2	66	196.6	156	138.8
Early syphilis	13	5.4	3	4.4	4	15.7	3	8.9	2	1.8
Adolescent (under 20 yrs)										
Chlamydia	245	2078.5	26	537.9	115	6778.0	35	1429.9	18	656.8
Gonorrhea	48	407.2	1	20.7	33	1945.0	6	245.1	2	73.0
Early syphilis	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

Editorial Note:

To make a diagnosis of syphilis, a clinician requires both a non-treponemal test result and a treponemal test result. Non-treponemal tests such as the VDRL and RPR are used for screening; they test for antibodies that are not specific for *Treponema pallidum* (the bacteria that causes syphilis). Treponemal tests are used to confirm positive non-treponemal tests.

Until recently, the most common confirmatory test has been the Microhemagglutination Test for *T. pallidum*, commonly known as the MHA-TP. Production of the antigen used in the MHA-TP stopped in early 1999, however, forcing many laboratories to adopt a different confirmatory test.

Like many other laboratories, the Public Health Laboratory has replaced the MHA-TP with the Serodia *T. pallidum* Particle Agglutination test (TP-PA). Like the MHA-TP, the TP-PA also uses purified treponemal antigen. However, gel particles are used as the antigen carrier instead of red blood cells, which eliminates non-specific results. Also, the TP-PA can be performed on plasma as well as serum.

The Serodia TP-PA has been shown to be more sensitive than the MHA-TP, and may yield positive results for patients who had previously been negative for the MHA-TP. This combination of results may indicate the need for treatment for latent syphilis.
WW/JK/RPK

San Francisco Monthly STD Report

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Data for May, 1999
Report prepared June 17, 1999

Table 1. STDs diagnosed among San Francisco residents, May, 1999.

	This year		Last year	
	this month	*year to date*	*this month*	*year to date*
Gonorrhea	108	593	136	704
male rectal gonorrhea	14	64	9	66
Chlamydia	185	1,053	216	1,067
Syphilis (adult total)	4	52	11	52
primary	0	3	1	7
secondary	0	7	0	6
(P&S subtotal)	0	10	1	13
early latent	0	4	2	8
(early subtotal)	0	14	3	21
unknown latent	1	9	0	3
late latent	3	29	8	28
Non-gonococcal urethritis	49	209	47	331
Pelvis inflammatory disease	0	20	6	24
Congenital syphilis	0	0	0	0
births	0	0	0	0
stillbirths	0	0	0	0
Chancroid	0	0	0	1
confirmed	0	0	0	0
presumptive	0	0	0	1

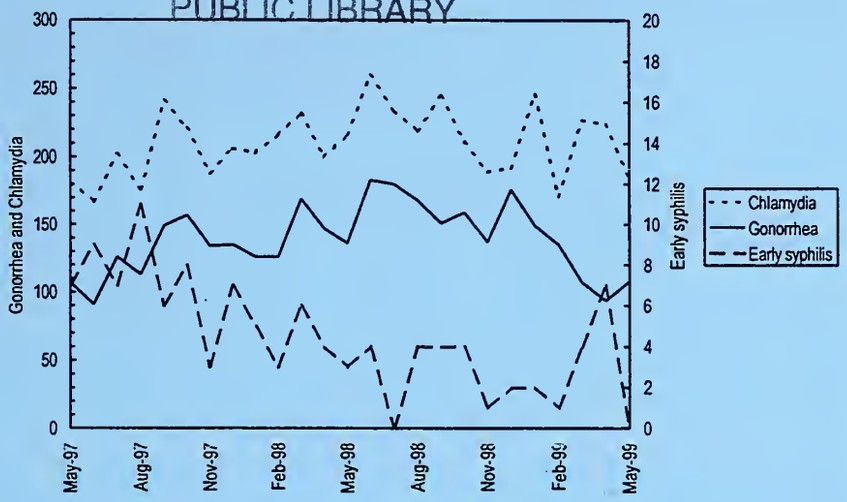

Figure 1. Monthly STD trends for San Francisco. Note different scale for syphilis cases.

Note: All statistics are provisional until the annual report is released for the year. Morbidity is based on date of diagnosis. Totals for past months may change due to delays in reporting from labs and providers.

Table 2. Selected STD cases and rates for San Francisco by age and race/ethnicity, 1999 through May only. Rates equal cases per 100,000 residents per year based on 1990 US Census data.

	(All races)		Asian/PI		African American		Hispanic		White	
	cases	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*
All ages										
Chlamydia	1,053	349.1	118	137.7	349	1097.2	155	369.4	182	129.6
Gonorrhea	593	196.6	18	21.0	224	704.2	77	183.5	193	137.4
Early syphilis	14	4.6	3	3.5	4	12.6	4	9.5	2	1.4
Adolescent (under 20 yrs)										
Chlamydia	300	2036.1	32	529.7	138	6506.9	43	1405.4	25	729.8
Gonorrhea	63	427.6	2	33.1	42	1980.4	9	294.2	3	87.6
Early syphilis	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

Editorial Note:

Adolescents are at the highest risk for STDs because of biological, social and psychological factors. In April 1999, SF STD Services conducted school-based STD screening at 4 San Francisco high schools. Students were very enthusiastic about the screening (over 150 students were screened in 2 hours at one school) and there was no criticism received from parents. Testing was voluntary and parents could provide negative consent. The program was covered by local media and was a focus of the KQED California Report.

Sex	*n tested*	*% CT positive*	*% GC positive*
Males	339	0.8%	0%
Females	278	3.9%	0.7%

Over 650 students were screened for chlamydia and gonorrhea and 16 new infections were identified. All infected students were successfully treated. All of these infections were among asymptomatic students. About 4% or 1 out of 25 young women were infected with chlamydia. This prevalence rate is similar to other general population data for this age group in San Francisco. *JK*

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San Francisco Monthly STD Report

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Data for June, 1999
Report prepared July 22, 1999

Table 1. STDs diagnosed among San Francisco residents, June, 1999.

	This year		Last year	
	this month	*year to date*	*this month*	*year to date*
Gonorrhea	133	740	183	889
male rectal gonorrhea	13	78	13	79
Chlamydia	199	1,284	260	1,327
Syphilis (adult total)	7	62	12	64
primary	1	4	3	10
secondary	0	8	1	7
(P&S subtotal)	1	12	4	17
early latent	0	5	0	8
(early subtotal)	1	17	4	25
unknown latent	0	9	1	4
late latent	6	36	7	35
Non-gonococcal urethritis	34	245	84	415
Pelvic inflammatory disease	3	23	5	29
Congenital syphilis	0	0	0	0
births	0	0	0	0
stillbirths	0	0	0	0
Chancroid	0	0	1	2
confirmed	0	0	0	0
presumptive	0	0	1	2

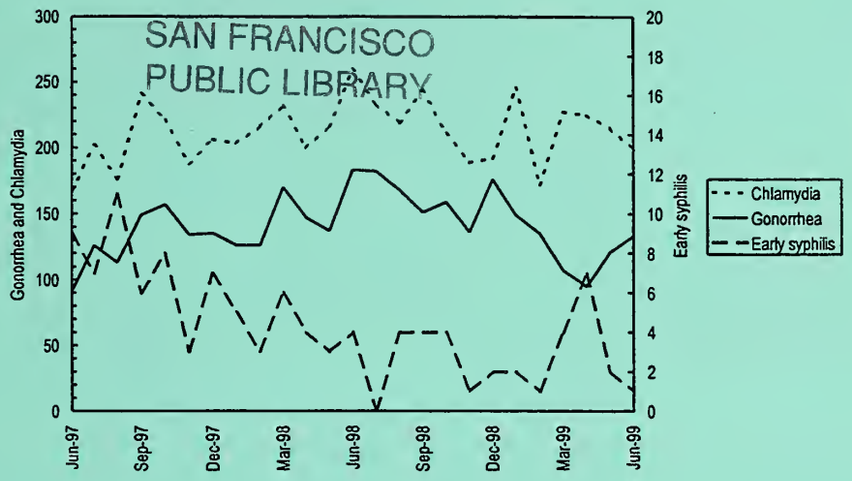

Figure 1. Monthly STD trends for San Francisco. Note different scale for syphilis cases.

Note: All statistics are provisional until the annual report is released for the year. Morbidity is based on date of diagnosis. Totals for past months may change due to delays in reporting from labs and providers.

Table 2. Selected STD cases and rates for San Francisco by age and race/ethnicity, 1999 through June only. Rates equal cases per 100,000 residents per year based on 1990 US Census data.

	(All races)		Asian/PI		African American		Hispanic		White	
	cases	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*
All ages										
Chlamydia	1,284	354.7	140	136.1	424	1110.8	195	387.2	219	129.9
Gonorrhea	740	204.4	24	23.3	278	728.3	98	194.6	234	138.8
Early syphilis	17	4.7	3	2.9	5	13.1	4	7.9	4	2.4
Adolescent (under 20 yrs)										
Chlamydia	357	2019.1	38	524.1	163	6404.7	51	1389.1	30	729.8
Gonorrhea	87	492.1	3	41.4	56	2200.4	13	354.1	5	121.6
Early syphilis	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

Editorial Note:

Reported STDs may not give a complete picture of the prevalence of STDs in a community because so many infections are asymptomatic and will go undetected without appropriate levels of screening. A population-based survey can provide a better picture of the true prevalence of symptomatic and asymptomatic infections in a population. Thus, in order to estimate the prevalence of STDs, HIV and hepatitis in young low-income women in the San Francisco Bay Area, a population-based, door-to door survey of STDs, HIV and related risk behaviors was conducted between 1996-1998. The target population of the Young Women's Survey was women 18-29 years of age living in low-income neighborhoods in five counties. Based on this cross-sectional survey we estimated the STD, HIV and hepatitis prevalence among young low-income women in San Francisco County to be: chlamydia 2.3%, gonorrhea 0.6%, HIV 0.2%, previous hepatitis B infection 10.1%, chronic hepatitis B infection 0.7%, and hepatitis C infection 4.3%. The prevalence of lifetime history of any intravenous drug use was 8.5% and of sex work was 12.5%.

These population-based data suggest only moderate to low levels of chlamydia, gonorrhea and HIV infections among young, low-income women in San Francisco. However the levels of hepatitis B and C infections and the high prevalence of lifetime use of intravenous drugs and sex work, suggest that HIV levels could increase without prevention efforts. Local STD and HIV prevention programs must continue to provide appropriate outreach, screening and treatment to women in low-income neighborhoods in order to assure that the prevalence of STDs and HIV do not increase. *MTH/CKK*

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San Francisco Monthly STD Report

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Data for July, 1999
Report prepared August 19, 1999

Table 1. STDs diagnosed among San Francisco residents, July, 1999.

	This year		Last year	
	this month	*year to date*	*this month*	*year to date*
Gonorrhea	121	862	181	1,062
male rectal gonorrhea	14	93	15	93
Chlamydia	167	1,474	232	1,552
Syphilis (adult total)	9	73	6	71
primary	0	3	0	11
secondary	3	12	0	7
(P&S subtotal)	3	15	0	18
early latent	0	5	0	7
(early subtotal)	3	20	0	25
unknown latent	0	10	1	6
late latent	6	43	5	40
Non-gonococcal urethritis	36	281	70	484
Pelvic inflammatory disease	4	28	1	30
Congenital syphilis	0	0	0	0
births	0	0	0	0
stillbirths	0	0	0	0
Chancroid	0	0	0	2
confirmed	0	0	0	0
presumptive	0	0	0	2

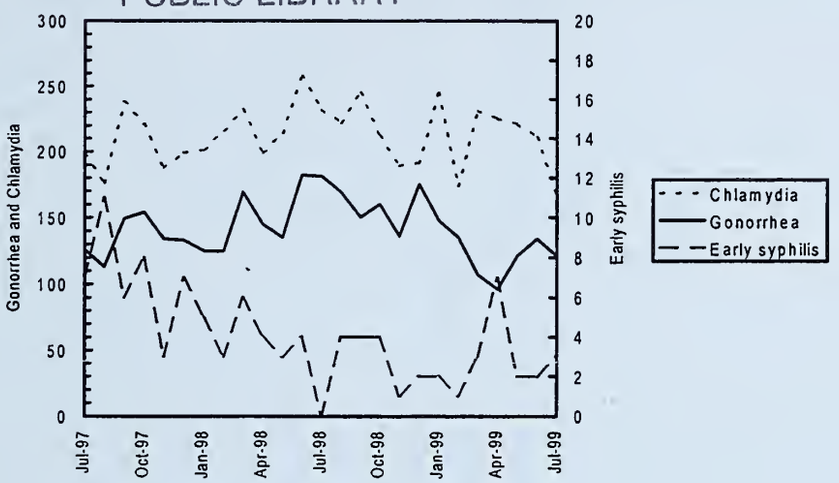

Figure 1. Monthly STD trends for San Francisco. Note different scale for syphilis cases.

Note: All statistics are provisional until the annual report is released for the year. Morbidity is based on date of diagnosis. Totals for past months may change due to delays in reporting from labs and providers.

Table 2. Selected STD cases and rates for San Francisco by age and race/ethnicity, 1999 through July only. Rates equal cases per 100,000 residents per year based on 1990 US Census data.

	(All races)		Asian/PI		African American		Hispanic	
	cases	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*
All ages								
Chlamydia	1,474	349.0	168	140.0	472	1059.9	238	405.1
Gonorrhea	862	204.1	27	22.5	326	732.0	115	195.7
Early syphilis	20	4.7	2	1.7	5	11.2	3	5.1
Adolescent (under 20 yrs)								
Chlamydia	415	2011.8	45	532.0	186	6264.4	59	1377.4
Gonorrhea	103	499.3	3	35.5	70	2357.6	14	326.8
Early syphilis	0	0.0	0	0.0	0	0.0	0	0.0

Editorial Note:

On July 29, 1999, STD Prevention and Control Services issued an alert about a cluster of early syphilis cases among male San Francisco residents who have sex with men and report meeting the majority of their sexual contacts through internet chat rooms. To date there have been six cases linked to a specific AOL chat room, SFM4M.

The overall sustained decline in syphilis cases may have made the identification of clusters of disease easier in 1999. In addition, characteristics of infected persons have changed from those observed during the previous two years. This year 76 percent of early syphilis cases have been diagnosed in men who have sex with men (MSM) and 52 percent of persons diagnosed with early syphilis have been co-infected with HIV. During 1998 and 1997 less than 30 percent of early cases were MSM and/or had HIV infection.

Syphilis is a serious infection that can lead to severe medical complications, including death. It can also facilitate the spread and acquisition of HIV. Health care providers can help control it by asking patients about sexual partners, screening persons at risk, and reporting early syphilis cases within 24 hours. Cases can be reported by FAX at (415) 431-4628 or by calling our reporting hotline (415)487-5555. *CKK/RPK*

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San Francisco Monthly STD Report

Data for August, 1999
Report prepared September 24, 1999

Table 1. STDs diagnosed among San Francisco residents, August, 1999.

	This year		Last year	
	this month	*year to date*	*this month*	*year to date*
Gonorrhea	153	1,020	167	1,229
male rectal gonorrhea	11	105	15	108
Chlamydia	201	1,699	221	1,773
Syphilis (adult total)	5	83	9	80
primary	0	2	0	11
secondary	0	12	2	9
(P&S subtotal)	0	14	2	20
early latent	2	8	2	9
(early subtotal)	2	22	4	29
unknown latent	0	10	0	6
late latent	3	51	5	45
Non-gonococcal urethritis	44	327	43	527
Pelvic inflammatory disease	10	38	7	37
Congenital syphilis	0	0	0	0
births	0	0	0	0
stillbirths	0	0	0	0
Chancroid	0	0	0	2
confirmed	0	0	0	0
presumptive	0	0	0	2

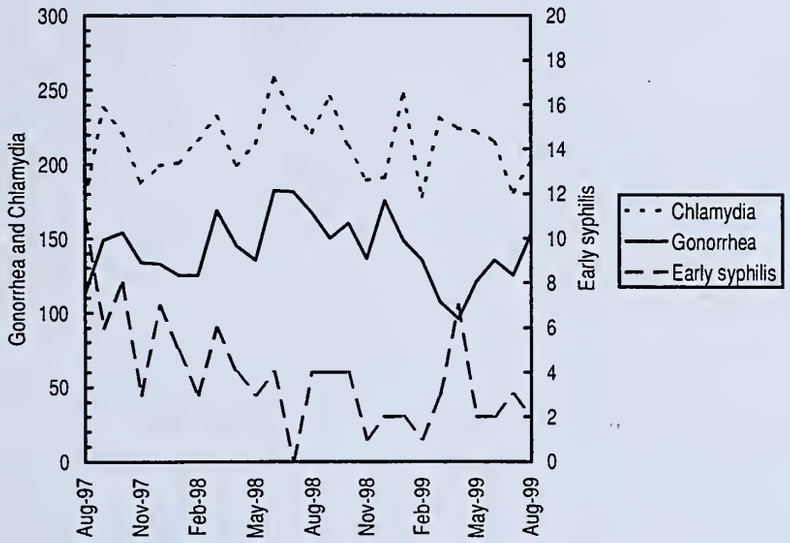

Figure 1. Monthly STD trends for San Francisco. Note different scale for syphilis cases.

Note: All statistics are provisional until the annual report is released for the year. Morbidity is based on date of diagnosis. Totals for past months may change due to delays in reporting from labs and providers.

Table 2. Selected STD cases and rates for San Francisco by age and race/ethnicity, 1999 through August only. Rates equal cases per 100,000 residents per year based on 1990 US Census data.

	(All races)		Asian/PI		African American		Hispanic	
	cases	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*
All ages								
Chlamydia	1,699	352.0	187	136.4	539	1059.0	274	408.1
Gonorrhea	1,020	211.3	38	27.7	386	758.4	128	190.6
Early syphilis	22	4.6	2	1.5	5	9.8	3	4.5
Adolescent (under 20 yrs)								
Chlamydia	478	2027.6	45	465.5	212	6247.5	68	1389.1
Gonorrhea	127	538.7	4	41.4	83	2446.0	15	306.4
Early syphilis	0	0.0	0	0.0	0	0.0	0	0.0

Editorial Note:

The 1998 STD Annual Morbidity Summary has been released. Cases of gonorrhea among San Francisco residents increase from 1497 in 1997 to 1852 in 1998, an increase of 24 percent. This represents a continued increase from 1996 (1449 cases) but is still much less than previous counts in the early 1980's, when there were more than 16,000 cases of gonorrhea. Cases of rectal gonorrhea continue to increase from 129 cases in 1997 to 158 cases in 1998.

Reported cases of chlamydia increased by 16 percent to 2611 in 1998. Since chlamydia infection is predominantly symptomatic, increases in cases may represent enhanced screening efforts among adolescents, family planning clinics and the County jail rather than increased transmission.

Syphilis continues to decline. Only 132 cases were reported in 1998, a 29 percent decrease from 187 cases in 1997. The number of early or recently acquired cases declined by 45 percent, from 73 in 1997 to 40 in 1998. San Francisco STD Services is engaged in an effort to eliminate syphilis within the county with expanded awareness and screening among high-risk populations and increased outbreak control activities.

Data on visits to City Clinic, screening programs and community outreach activities will be forthcoming in a supplementary report. Copies of the morbidity summary can be obtained by writing to STD Prevention and Control Services, 1360 Mission Street, San Francisco, CA, 94103; the report is also available on the internet at www.dph.sf.ca.us. *JDK/RPK*

San Francisco Monthly STD Report

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Data for September, 1999
Report prepared October 25, 1999

Table 1. STDs diagnosed among San Francisco residents, September, 1999.

	This year		Last year	
	this month	*year to date*	*this month*	*year to date*
Gonorrhea	145	1,177	150	1,378
male rectal gonorrhea	11	118	21	129
Chlamydia	262	2,011	245	2,017
Syphilis (adult total)	10	97	16	96
primary	1	3	0	11
secondary	2	15	2	11
(P&S subtotal)	3	18	2	22
early latent	2	10	2	11
(early subtotal)	5	28	4	33
unknown latent	0	12	1	7
late latent	5	57	11	56
Non-gonococcal urethritis	49	376	56	583
Pelvic inflammatory disease	4	42	3	40
Congenital syphilis	0	0	0	0
births	0	0	0	0
stillbirths	0	0	0	0
Chancroid	0	0	0	2
confirmed	0	0	0	0
presumptive	0	0	0	2

Figure 1. Monthly STD trends for San Francisco. Note different scale for syphilis cases.

Note: All statistics are provisional until the annual report is released for the year. Morbidity is based on date of diagnosis. Totals for past months may change due to delays in reporting from labs and providers.

Table 2. Selected STD cases and rates for San Francisco by age and race/ethnicity, 1999 through September only. Rates equal cases per 100,000 residents per year based on 1990 US Census data.

	(All races)		Asian/PI		African American		Hispanic	
	cases	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*
All ages								
Chlamydia	2,011	370.4	219	142.0	613	1070.6	317	419.7
Gonorrhea	1,177	216.8	43	27.9	442	772.0	141	186.7
Early syphilis	28	5.2	2	1.3	6	10.5	5	6.6
Adolescent (under 20 yrs)								
Chlamydia	549	2070.0	50	459.8	236	6182.1	77	1398.2
Gonorrhea	151	569.4	4	36.8	97	2540.9	18	326.8
Early syphilis	0	0.0	0	0.0	0	0.0	0	0.0

Editorial Note:

Last August we reported on syphilis transmission linked to an America On Line (AOL) chat room in this bulletin. There has been one new syphilis case associated with this cluster since our report.

Our standard methods of contact tracing and partner notification had to be modified in this investigation. Information on contacts was almost always limited to on-line "handles," and privacy concerns prevented AOL from revealing their identities. With the collaboration of PlanetOut, a private internet business, potential partners were contacted through the chat room; these efforts identified seven cases of early syphilis. Overall, we notified and screened for syphilis infection 40 percent of the sexual contacts of these cases: the mean number of contacts medically evaluated was 5.9 per case.

There are no reports in the medical literature of the internet as a factor associated with disease transmission. This cluster of cases demonstrates that public health efforts must continually adapt disease control efforts to new and evolving situations, carefully weighing the rights to privacy against the need to protect the public health.

JDK/RPK

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San Francisco Monthly STD Report

Data for October, 1999
Report prepared November 29, 1999

Table 1. STDs diagnosed among San Francisco residents, October, 1999.

	This year		Last year	
	this month	*year to date*	*this month*	*year to date*
Gonorrhea	131	1,311	160	1,538
male rectal gonorrhea	11	129	11	140
Chlamydia	226	2,242	212	2,229
Syphilis (adult total)	10	108	16	112
primary	0	3	0	11
secondary	1	16	3	14
(P&S subtotal)	1	19	3	25
early latent	3	13	1	12
(early subtotal)	4	32	4	37
unknown latent	4	17	1	8
late latent	2	59	11	67
Non-gonococcal urethritis	33	409	45	628
Pelvic inflammatory disease	6	48	8	48
Congenital syphilis	0	0	1	1
births	0	0	1	1
stillbirths	0	0	0	0
Chancroid	0	0	0	2
confirmed	0	0	0	0
presumptive	0	0	0	2

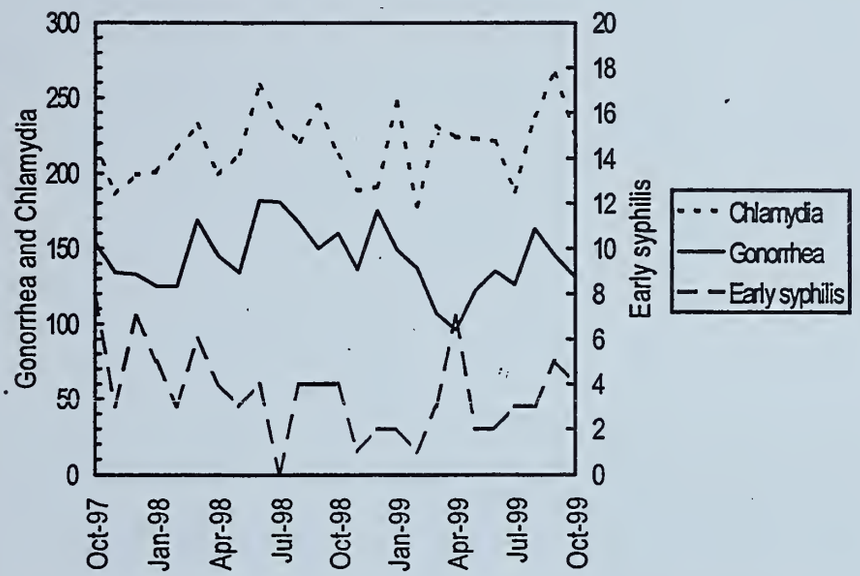

Figure 1. Monthly STD trends for San Francisco. Note different scale

Note: All statistics are provisional until the annual report is released for the year. Morbidity is based on date of diagnosis. Totals for past months may change due to delays in reporting from labs and providers.

Table 2. Selected STD cases and rates for San Francisco by age and race/ethnicity, 1999 through October only. Rates equal cases per 100,000 residents per year based on 1990 US Census data.

	(All races)		Asian/PI		African American		Hispanic	
	cases	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*
All ages								
Chlamydia	2,242	371.6	240	140.0	683	1073.6	368	438.5
Gonorrhea	1,311	217.3	48	28.0	481	756.1	155	184.7
Early syphilis	32	5.3	2	1.2	7	11.0	6	7.2
Adolescent (under 20 yrs)								
Chlamydia	621	2107.4	54	446.9	266	6271.1	96	1568.8
Gonorrhea	170	576.9	5	41.4	108	2546.2	19	310.5
Early syphilis	0	0.0	0	0.0	0	0.0	0	0.0

Editorial Note: STD Screening Recommendations For San Francisco Residents

Sexually active heterosexual men and women 25 years of age or less:

- annual screening for chlamydia
- no routine screening for gonorrhea
- gonorrhea and syphilis screening and counseling for HIV testing for patients with chlamydia
- repeat screening for chlamydia three months after treatment for all women infected with chlamydia

Sexually active men who have sex with men (MSM):

- annually screening for urethral gonococcal infection
- rectal gonococcal screening if receptive anal intercourse in the previous two months
- pharyngeal gonococcal screening if receptive oral sex in the previous two weeks
- syphilis screening and counseling for HIV testing for MSM with gonorrhea
- no screening for chlamydia

Medical providers of patients with STDs are encouraged to assure that all sexual partners are treated. STD Services will provide assistance in contacting and treating partners. Call (415)487-5531 to request assistance. *CKK/JDK*

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San Francisco Monthly STD Report

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Data for November, 1999
Report prepared December 30, 1999

Table 1. STDs diagnosed among San Francisco residents, November, 1999.

	This year		Last year	
	this month	*year to date*	*this month*	*year to date*
Gonorrhea	140	1,454	136	1,675
male rectal gonorrhea	16	146	4	144
Chlamydia	212	2,464	189	2,418
Syphilis (adult total)	12	123	8	120
primary	0	3	0	11
secondary	6	22	0	14
(P&S subtotal)	6	25	0	25
early latent	2	15	1	13
(early subtotal)	8	40	1	38
unknown latent	1	18	0	8
late latent	3	65	7	74
Non-gonococcal urethritis	29	438	42	669
Pelvic inflammatory disease	6	55	4	52
Congenital syphilis	0	0	0	1
births	0	0	0	1
stillbirths	0	0	0	0
Chancroid	0	0	0	2
confirmed	0	0	0	0
presumptive	0	0	0	2

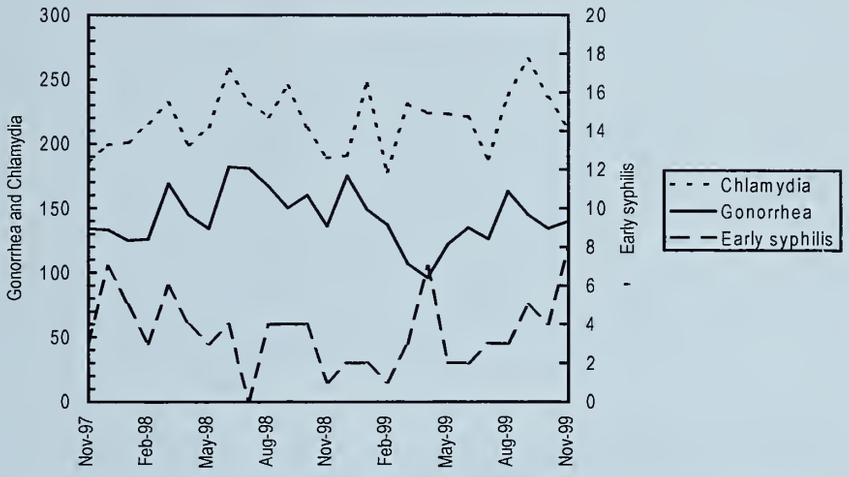

Figure 1. Monthly STD trends for San Francisco. Note different scale for syphilis cases.

Note: All statistics are provisional until the annual report is released for the year. Morbidity is based on date of diagnosis. Totals for past months may change due to delays in reporting from labs and providers.

Table 2. Selected STD cases and rates for San Francisco by age and race/ethnicity, 1999 through November only. Rates equal cases per 100,000 residents per year based on 1990 US Census data.

	(All races)		Asian/PI		African American		Hispanic	
	cases	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*
All ages								
Chlamydia	2,464	371.3	261	138.4	756	1080.3	392	424.6
Gonorrhea	1,454	219.1	55	29.2	523	747.3	172	186.3
Early syphilis	40	6.0	2	1.1	11	15.7	7	7.6
Adolescent (under 20 yrs)								
Chlamydia	667	2057.7	57	428.8	291	6236.8	101	1500.5
Gonorrhea	188	580.0	7	52.7	120	2571.9	20	297.1
Early syphilis	0	0.0	0	0.0	0	0.0	0	0.0

Editorial Note:

We compared Ligase Chain Reaction (LCR) assays (Abbott Laboratories) and culture for the detection of oropharyngeal *Neisseria gonorrhea* (GC) infections in men who have sex with men (MSM). Oropharyngeal swab specimens were collected from 202 MSM who had had receptive oral sex in the previous two weeks. Prevalence for GC using LCR was 11% versus 4.5% using culture, showing that the prevalence of pharyngeal GC was considerably higher than would be detected by traditional culture methods. The clinical significance of pharyngeal GC is not clear. However, given the high prevalence of oral sex and the high prevalence of pharyngeal GC, untreated pharyngeal GC may contribute to the spread of urethral GC among MSM.

As of December 1, 1999, the STD clinic, City Clinic, began pharyngeal GC LCR screening of persons with more than one oral sex partner in the last two weeks. Since the FDA has not approved LCR for oropharyngeal specimens, each laboratory must do similar validation studies before they can perform this assay for clinicians. Providers should contact the DPH Laboratory at (415) 554-2800 for more information or to order LCR testing for oropharyngeal specimens. *KPS/CKK*

City and County of San Francisco
Department of Public Health
STD PREVENTION & CONTROL SERVICES
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San Francisco, CA 94103

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San Francisco Monthly STD Report

Table 1. STDs diagnosed among San Francisco residents, December, 1999.

Data for December, 1999
Report prepared January 27, 2000

	This year		Last year	
	this month	*year to date*	*this month*	*year to date*
Gonorrhea	140	1,593	175	1,850
male rectal gonorrhea	14	160	14	158
Chlamydia	204	2,670	191	2,609
Syphilis (adult total)	5	122	9	129
primary	0	3	0	11
secondary	1	23	1	15
(P&S subtotal)	1	26	1	26
early latent	1	15	1	14
(early subtotal)	2	41	2	40
unknown latent	0	15	1	9
late latent	3	66	6	80
Non-gonococcal urethritis	51	489	50	719
Pelvic inflammatory disease	1	56	4	56
Congenital syphilis	0	1	0	1
births	0	1	0	1
stillbirths	0	0	0	0
Chancroid	0	0	1	3
confirmed	0	0	0	0
presumptive	0	0	1	3

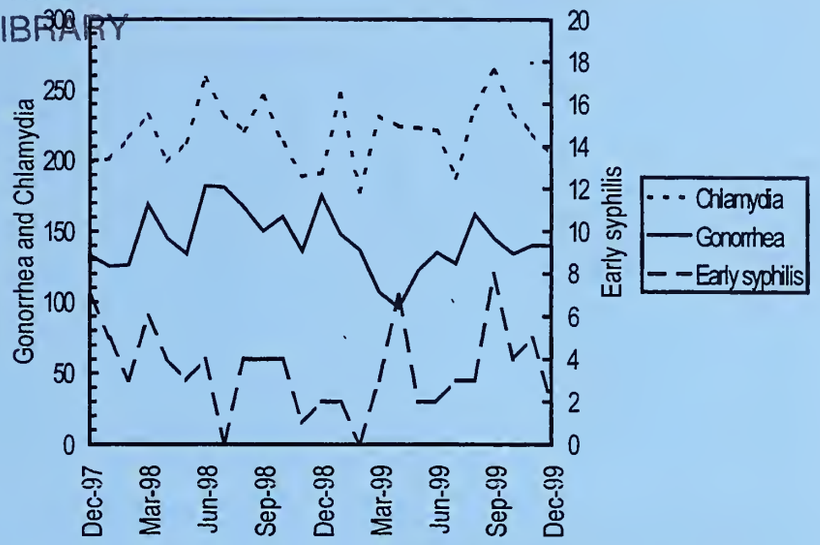

Figure 1. Monthly STD trends for San Francisco. Note different scale for syphilis cases.

Note: All statistics are provisional until the annual report is released for the year. Morbidity is based on date of diagnosis. Totals for past months may change due to delays in reporting from labs and providers.

Table 2. Selected STD cases and rates for San Francisco by age and race/ethnicity, 1999 through December only. Rates equal cases per 100,000 residents per year based on 1990 US Census data.

	(All races)		Asian/PI		African American		Hispanic	
	cases	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*
All ages								
Chlamydia	2,670	368.8	282	137.1	829	1085.9	429	426.0
Gonorrhea	1,593	220.0	61	29.7	565	740.1	188	186.7
Early syphilis	41	5.7	2	1.0	8	10.5	6	6.0
Adolescent (under 20 yrs)								
Chlamydia	715	2021.9	62	427.6	323	6345.8	106	1443.6
Gonorrhea	205	579.7	8	55.2	133	2613.0	21	286.0
Early syphilis	0	0.0	0	0.0	0	0.0	0	0.0

Editorial Note:

This report includes provisional annual totals for 1999. Until the 1999 annual report is released, these annual totals should be interpreted with care. There appears to have been a small increase, 2%, in the number of reported cases of CT between 1998 and 1999. The total number of reported cases of gonorrhea has declined by about 15% since 1998. With only two more cases of rectal gonorrhea reported than in 1998, rectal gonorrhea may be leveling in San Francisco. Primary and secondary syphilis also appears to have been stable between 1998 and 1999, with only 26 cases reported each year. Like in 1998, only one case of congenital syphilis was reported in 1999. There were also no cases of chancroid reported in 1999. Overall, the provisional data suggest that STD rates in San Francisco were relatively stable in 1999, with no major increases of any reportable STD.

During 2000, San Francisco STD Services will continue to promote the primary prevention of and early identification and treatment of STDs in order to create a healthy sexual environment for San Francisco residents. Anyone can be evaluated for STDs at City Clinic the municipal STD Clinic. There were over 17,000 patients visits at the clinic during 1999. For more information about City Clinic, please call (415) 487-5500 or visit our web page at www.dph.sf.ca.us/sfcityclinic. *CKK*

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San Francisco Monthly STD Report

Table 1. STDs diagnosed among San Francisco residents, January, 2000.

Data for January, 2000
Report prepared March 14, 2000

	This year		Last year	
	this month	*year to date*	*this month*	*year to date*
Gonorrhea	136	136	148	148
male rectal gonorrhea	16	16	12	12
Chlamydia	227	227	247	247
Syphilis (adult total)	4	4	8	8
primary	1	1	0	0
secondary	1	1	1	1
(P&S subtotal)	2	2	1	1
early latent	0	0	1	1
(early subtotal)	2	2	2	2
unknown latent	0	0	1	1
late latent	2	2	5	5
Non-gonococcal urethritis	41	41	39	39
Pelvic inflammatory disease	4	4	7	7
Congenital syphilis	0	0	0	0
births	0	0	0	0
stillbirths	0	0	0	0
Chancroid	0	0	0	0
confirmed	0	0	0	0
presumptive	0	0	0	0

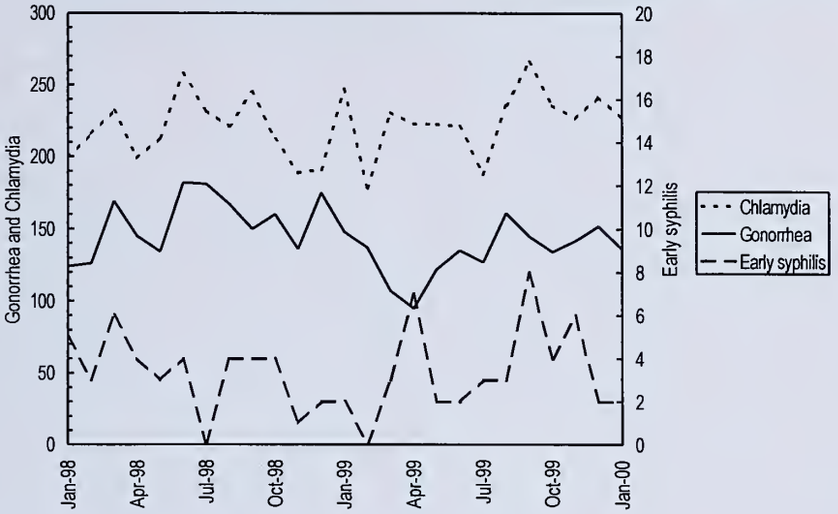

Figure 1. Monthly STD trends for San Francisco. Note different scale for syphilis cases.

Note: All statistics are provisional until the annual report is released for the year. Morbidity is based on date of diagnosis. Totals for past months may change due to delays in reporting from labs and providers.

Table 2. Selected STD cases and rates for San Francisco by age and race/ethnicity, 2000 through January only. Rates equal cases per 100,000 residents per year based on 1990 US Census data.

	(All races)		Asian/PI		African American		Hispanic		White	
	cases	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*
All ages										
Chlamydia	227	376.3	22	128.4	61	958.8	47	560.0	30	106.8
Gonorrhea	136	225.4	9	52.5	32	503.0	14	166.8	56	199.3
Early syphilis	2	3.3	0	0.0	0	0.0	1	11.9	1	3.6
Adolescent (under 20 yrs)										
Chlamydia	56	1900.4	2	165.5	26	6129.7	13	2124.5	2	291.9
Gonorrhea	9	305.4	0	0.0	6	1414.5	1	163.4	1	146.0
Early syphilis	1	33.9	0	0.0	0	0.0	1	163.4	0	0.0

Editorial Note:

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San Francisco Monthly STD Report

Data for February, 2000
Report prepared March 16, 2000

Table 1. STDs diagnosed among San Francisco residents, February, 2000.

	This year		Last year	
	this month	*year to date*	*this month*	*year to date*
Gonorrhea	132	269	137	285
male rectal gonorrhea	15	30	11	23
Chlamydia	237	474	178	424
Syphilis (adult total)	8	15	9	17
primary	2	3	0	0
secondary	3	4	0	1
(P&S subtotal)	5	7	0	1
early latent	0	0	0	1
(early subtotal)	5	7	0	2
unknown latent	0	0	1	2
late latent	3	8	8	13
Non-gonococcal urethritis	32	75	44	83
Pelvic inflammatory disease	4	8	6	13
Congenital syphilis	0	0	0	0
births	0	0	0	0
stillbirths	0	0	0	0
Chancroid	0	0	0	0
confirmed	0	0	0	0
presumptive	0	0	0	0

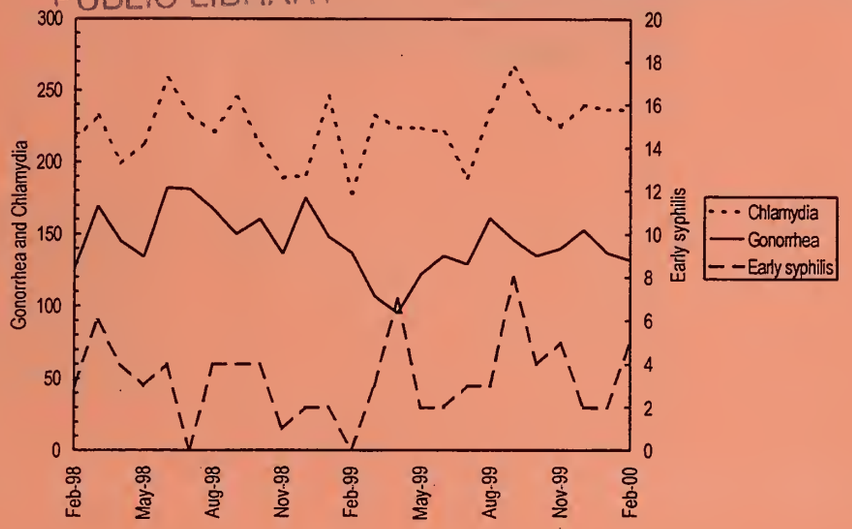

Figure 1. Monthly STD trends for San Francisco. Note different scale for syphilis cases.

Note: All statistics are provisional until the annual report is released for the year. Morbidity is based on date of diagnosis. Totals for past months may change due to delays in reporting from labs and providers.

Table 2. Selected STD cases and rates for San Francisco by age and race/ethnicity, 2000 through February only. Rates equal cases per 100,000 residents per year based on 1990 US Census data.

	(All races)		Asian/PI		African American		Hispanic		White	
	cases	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*
All ages										
Chlamydia	474	392.8	53	154.6	123	966.7	96	571.9	74	131.7
Gonorrhea	269	222.9	15	43.8	65	510.9	30	178.7	111	197.6
Early syphilis	7	5.8	0	0.0	0	0.0	1	6.0	5	8.9
Adolescent (under 20 yrs)										
Chlamydia	116	1968.2	6	248.3	54	6365.4	24	1961.1	4	291.9
Gonorrhea	19	322.4	0	0.0	10	1178.8	4	326.8	2	146.0
Early syphilis	1	17.0	0	0.0	0	0.0	1	81.7	0	0.0

Editorial Note:

April is STD awareness month. STD Services will be conducting a community-wide chlamydia awareness campaign highlighted by school-based urine screening, school poster contest, public service announcements on local radio and television, billboards, and posters informing persons of the risk of chlamydia and the availability of easy urine-based testing.

All sexually active persons 25 years of age or less should undergo regular (at least annual) screening for *Chlamydia trachomatis*. Genital chlamydial infection is most often asymptomatic and if left untreated can cause pelvic inflammatory disease, ectopic pregnancy, infertility and increase the transmission of HIV. City Clinic, 356 7th Street (487-5500) offers free/low-cost screening and treatment for all STDs including chlamydia.

Recommended treatment of chlamydia includes azithromycin 1gm P.O. x 1 or doxycycline 100 mg P.O. bid x 7 days and partner management. In San Francisco encouraging sexual partners to be evaluated, treated and offering a patient medication to deliver to a partner(s) is good medical practice and "standard of care." In addition, due to the high rate of re-infection, women testing positive for chlamydia should be re-screened at three months. *JDK*

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San Francisco Monthly STD Report

Data for March, 2000
Report prepared April 24, 2000

Table 1. STDs diagnosed among San Francisco residents, March, 2000.

	This year		Last year	
	this month	*year to date*	*this month*	*year to date*
Gonorrhea	170	451	107	392
male rectal gonorrhea	17	48	15	38
Chlamydia	271	768	233	657
Syphilis (adult total)	7	33	11	28
primary	0	5	0	0
secondary	3	10	1	2
(P&S subtotal)	3	15	1	2
early latent	0	1	2	3
(early subtotal)	3	16	3	5
unknown latent	0	0	3	5
late latent	4	17	5	18
Non-gonococcal urethritis	34	109	40	123
Pelvic inflammatory disease	5	13	4	17
Congenital syphilis	0	0	0	0
births	0	0	0	0
stillbirths	0	0	0	0
Chancroid	0	0	0	0
confirmed	0	0	0	0
presumptive	0	0	0	0

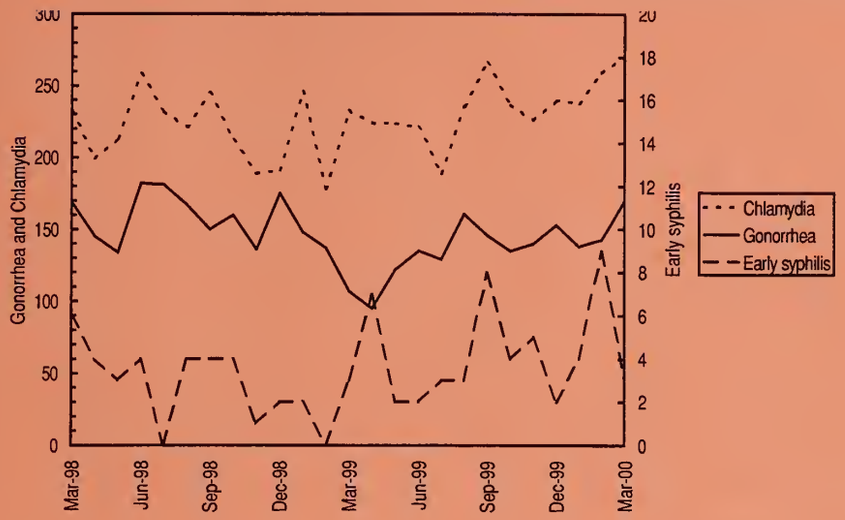

Figure 1. Monthly STD trends for San Francisco. Note different scale for syphilis cases.

Note: All statistics are provisional until the annual report is released for the year. Morbidity is based on date of diagnosis. Totals for past months may change due to delays in reporting from labs and providers.

Table 2. Selected STD cases and rates for San Francisco by age and race/ethnicity, 2000 through March only. Rates equal cases per 100,000 residents per year based on 1990 US Census data.

	(All races)		Asian/PI		African American		Hispanic		White	
	cases	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*
All ages										
Chlamydia	768	424.3	97	188.6	201	1053.1	145	575.9	123	145.9
Gonorrhea	451	249.2	20	38.9	114	597.3	51	202.6	181	214.8
Early syphilis	16	8.8	1	1.9	1	5.2	1	4.0	12	14.2
Adolescent (under 20 yrs)										
Chlamydia	195	2205.8	14	386.2	91	7151.3	36	1961.1	11	535.2
Gonorrhea	27	305.4	0	0.0	16	1257.4	4	217.9	3	146.0
Early syphilis	1	11.3	0	0.0	0	0.0	1	54.5	0	0.0

Editorial Note:

The California Department of Health Services (CDHS), STD Control Branch has alerted California counties that there is an outbreak of syphilis among men who have sex with men (MSM) in Los Angeles and Orange Counties. Over half of the more than sixty MSM to date with early syphilis (syphilis infection of less than one year's duration and likely to be infectious) report being HIV seropositive. CDHS recommends that health care providers in other counties "**screen for syphilis among any MSM if they report unprotected sex with anonymous partners or they have had partners from the Los Angeles/Orange County area**". Assessing the appropriateness of screening will require asking persons about their sexual behavior on a routine basis in a variety of settings, including HIV care and emergency departments. Additionally, the CDHS suggests that any "MSM with a new genital ulcer, skin rash or genital wart lesion should be evaluated as a possible case of infectious syphilis".

Syphilis significantly enhances the risk of HIV transmission. Please join us in alerting the community and providers about this potential increase risk for syphilis and HIV infections among MSM in our region. With community awareness we can prevent a similar outbreak in the Bay Area. If you suspect that a San Francisco resident has syphilis, please report it to us by calling (415) 487-5555. We are available to provide assistance with appropriate clinical and public health management. *CKK*

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San Francisco Monthly STD Report

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Data for April, 2000
Report prepared May 23, 2000

Table 1. STDs diagnosed among San Francisco residents, April, 2000.

	This year		Last year	
	this month	*year to date*	*this month*	*year to date*
Gonorrhea	170	623	95	487
male rectal gonorrhea	15	63	11	49
Chlamydia	217	986	224	881
Syphilis (adult total)	11	46	17	45
primary	1	6	1	1
secondary	1	10	5	7
(P&S subtotal)	2	16	6	8
early latent	1	2	1	4
(early subtotal)	3	18	7	12
unknown latent	1	1	3	8
late latent	7	27	7	25
Non-gonococcal urethritis	28	131	38	161
Pelvic inflammatory disease	6	21	3	20
Congenital syphilis	0	0	0	0
births	0	0	0	0
stillbirths	0	0	0	0
Chancroid	0	0	0	0
confirmed	0	0	0	0
presumptive	0	0	0	0

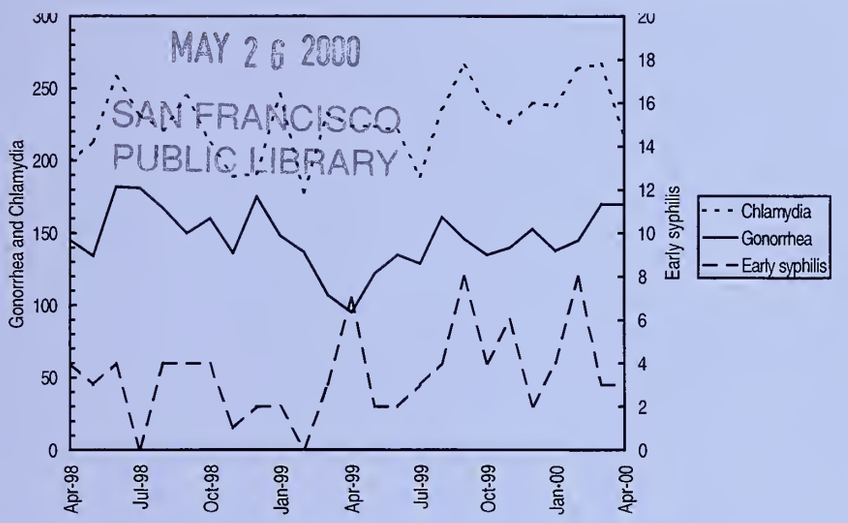

Figure 1. Monthly STD trends for San Francisco. Note different scale for syphilis cases.

Note: All statistics are provisional until the annual report is released for the year. Morbidity is based on date of diagnosis. Totals for past months may change due to delays in reporting from labs and providers.

Table 2. Selected STD cases and rates for San Francisco by age and race/ethnicity, 2000 through April only. Rates equal cases per 100,000 residents per year based on 1990 US Census data.

	(All races)		Asian/PI		African American		Hispanic		White	
	cases	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*
All ages										
Chlamydia	986	408.6	118	172.1	260	1021.7	195	580.8	158	140.6
Gonorrhea	623	258.2	33	48.1	156	613.0	72	214.5	247	219.8
Early syphilis	18	7.5	1	1.5	2	7.9	1	3.0	13	11.6
Adolescent (under 20 yrs)										
Chlamydia	247	2095.5	20	413.8	112	6601.2	48	1961.1	12	437.9
Gonorrhea	43	364.8	1	20.7	25	1473.5	6	245.1	5	182.4
Early syphilis	1	8.5	0	0.0	0	0.0	1	40.9	0	0.0

Editorial Note:

Since more than 80% of chlamydial infections are asymptomatic, case detection and subsequent reporting of infections to the health department, is highly dependent upon screening of asymptomatic persons. Changes is screening practices will change the absolute number of chlamydia cases detected and reported, making interpretation of trends based on reported cases difficult. During 1999, there was a 2.3% increase in the number of chlamydial infections reported among female residents of San Francisco compared to 1998. However, we believe that this increase is an artifact of increased screening among females.

Overall, more than 60% of reported chlamydia cases in San Francisco are detected through screening supported by the Department of Public Health (DPH). During 1999, DPH supported chlamydia screening increased by 15% among females, which resulted in a 2% increase in case detection. There are 18 DPH supported sites that have provided consistent screening among females for the last several years. The overall prevalence of chlamydia has decreased by 9.6% at these sites. At all eight sites with a chlamydia prevalence greater than 5% in 1998, the prevalence declined during 1999. Four of these sites now have a prevalence less than 5%. Thus, while the absolute number of reported cases of chlamydia among females increased in 1999, our prevalence monitoring data suggests that the true prevalence of chlamydia among women in San Francisco has declined by almost 10%.

In order to assure the continuation of this downward trend for chlamydial infection in San Francisco, all sexually active males and females less than 25 years of age should be screened at least annually. *CKK*

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San Francisco Monthly STD Report

Data for May, 2000
Report prepared June 29, 2000

Table 1. STDs diagnosed among San Francisco residents, May, 2000.

	This year		Last year	
	this month	*year to date*	*this month*	*year to date*
Gonorrhea	171	790	122	609
male rectal gonorrhea	15	77	14	63
Chlamydia	250	1,228	224	1,105
Syphilis (adult total)	12	58	8	53
primary	1	8	0	1
secondary	5	16	1	8
(P&S subtotal)	6	24	1	9
early latent	2	4	1	5
(early subtotal)	8	28	2	14
unknown latent	0	0	1	9
late latent	4	30	5	30
Non-gonococcal urethritis	31	156	49	210
Pelvic inflammatory disease	8	28	0	20
Congenital syphilis	0	0	0	0
births	0	0	0	0
stillbirths	0	0	0	0
Chancroid	0	0	0	0
confirmed	0	0	0	0
presumptive	0	0	0	0

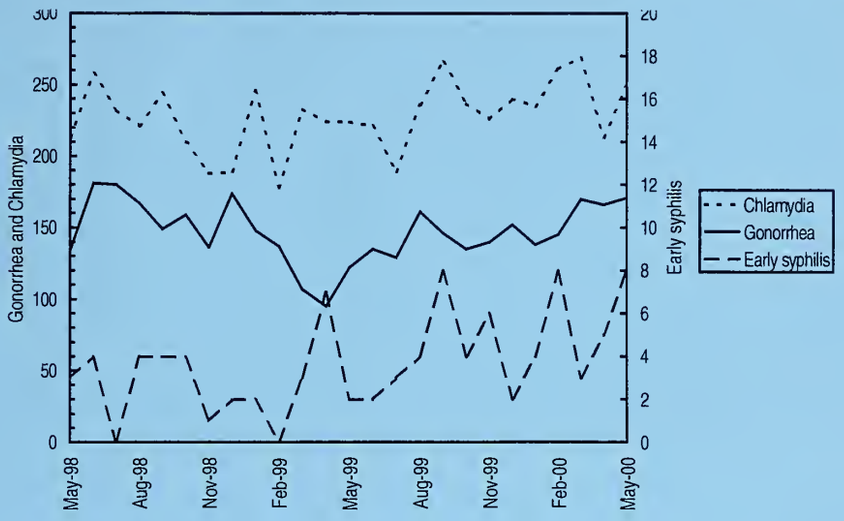

Figure 1. Monthly STD trends for San Francisco. Note different scale for syphilis cases.

Note: All statistics are provisional until the annual report is released for the year. Morbidity is based on date of diagnosis. Totals for past months may change due to delays in reporting from labs and providers.

Table 2. Selected STD cases and rates for San Francisco by age and race/ethnicity, 2000 through May only. Rates equal cases per 100,000 residents per year based on 1990 US Census data.

	(All races)		Asian/PI		African American		Hispanic		White	
	cases	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*
All ages										
Chlamydia	1,228	407.1	153	178.5	331	1040.6	241	574.3	191	136.0
Gonorrhea	790	261.9	36	42.0	189	594.2	94	224.0	313	222.8
Early syphilis	28	9.3	2	2.3	4	12.6	3	7.2	17	12.1
Adolescent (under 20 yrs)										
Chlamydia	327	2219.3	30	496.6	142	6695.5	61	1993.7	18	525.4
Gonorrhea	52	352.9	1	16.6	29	1367.4	7	228.8	7	204.3
Early syphilis	1	6.8	0	0.0	0	0.0	1	32.7	0	0.0

Editorial Note:

An article titled "Are adolescents being screened for sexually transmitted diseases? A study of low income African American adolescents in San Francisco" was published in the April 2000 issue of *Sexually Transmitted Infections.* This article addressed the importance of annual STD screening for sexually active adolescents.

In summary, the authors surveyed 309 adolescents (12-17 years of age) residing in the Bayview and Hunter's Point neighborhoods of San Francisco and found that 39 percent (118) reported a history of sexual intercourse. Among the sexually experienced adolescents, 81.5 percent (53/65) of males and 75.5 percent (40/53) of females had had a preventive primary care visit since they had first had sex and within the previous 24 months. However, only 26.4 percent (14/53) of males and 60.0 percent (24/40) of females had been screened for STDs at these visits.

These data indicate that a high proportion of sexually experienced adolescents living in Bayview and Hunter's Point have access to preventive primary care but are not being routinely screened for STDs. As seen in Table 2 above, these adolescents have high rates of chlamydia and gonorrhea. **We recommend that clinicians who see adolescents should routinely take sexual histories and screen sexually experienced adolescents for chlamydia and gonorrhea at least annually.** *JM/RPK*

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San Francisco Monthly STD Report

Data for June, 2000
Report prepared July 25, 2000

Table 1. STDs diagnosed among San Francisco residents, June, 2000.

	This year		Last year	
	this month	*year to date*	*this month*	*year to date*
Gonorrhea	159	964	135	744
male rectal gonorrhea	16	93	14	77
Chlamydia	241	1,501	221	1,326
Syphilis (adult total)	12	73	10	63
primary	3	11	0	1
secondary	2	18	1	9
(P&S subtotal)	5	29	1	10
early latent	1	6	1	6
(early subtotal)	6	35	2	16
unknown latent	1	1	1	10
late latent	5	37	7	37
Non-gonococcal urethritis	34	190	35	245
Pelvic inflammatory disease	5	33	4	24
Congenital syphilis	0	0	0	0
births	0	0	0	0
stillbirths	0	0	0	0
Chancroid	0	0	0	0
confirmed	0	0	0	0
presumptive	0	0	0	0

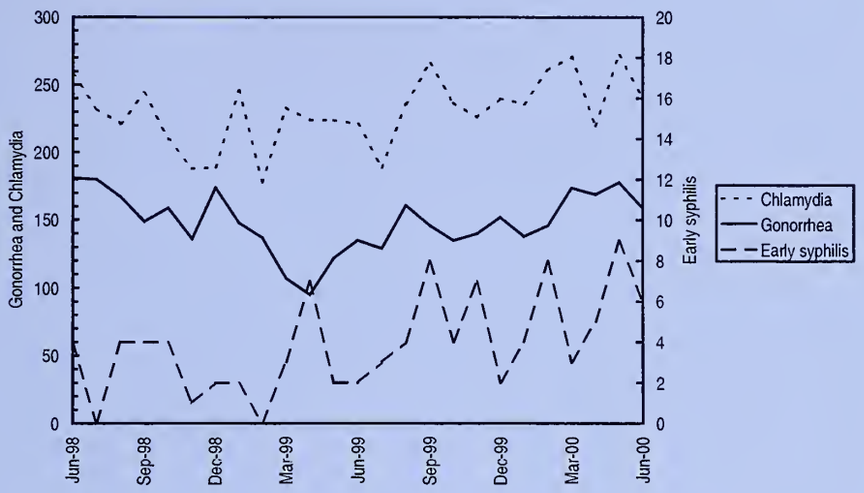

Figure 1. Monthly STD trends for San Francisco. Note different scale for syphilis cases.

Note: All statistics are provisional until the annual report is released for the year. Morbidity is based on date of diagnosis. Totals for past months may change due to delays in reporting from labs and providers.

Table 2. Selected STD cases and rates for San Francisco by age and race/ethnicity, 2000 through June only. Rates equal cases per 100,000 residents per year based on 1990 US Census data.

	(All races)		Asian/PI		African American		Hispanic		White	
	cases	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*
All ages										
Chlamydia	1,501	414.7	187	181.8	412	1079.3	281	558.0	229	135.9
Gonorrhea	964	266.3	40	38.9	226	592.1	108	214.5	385	228.4
Early syphilis	35	9.7	2	1.9	5	13.1	4	7.9	21	12.5
Adolescent (under 20 yrs)										
Chlamydia	399	2256.7	39	537.9	179	7033.4	69	1879.3	23	559.5
Gonorrhea	64	362.0	2	27.6	37	1453.8	8	217.9	8	194.6
Early syphilis	1	5.7	0	0.0	0	0.0	1	27.2	0	0.0

Editorial Note:

The number of new syphilis cases identified each year in San Francisco has decreased dramatically since the advent of the AIDS epidemic. Where San Francisco once had the highest rate of syphilis in the country, it has now been categorized as an area of "potential re-emergence."

To quantify changes in demographics of syphilis patients interviewed during this period of decreasing rates, we analyzed data from partner notification interviews for early syphilis patients conducted since 1981. (We do not have data on individual cases before this time.)

The number of cases interviewed each year decreased from 1546 cases in 1981 to 47 cases in 1999. Between 1981 and 1990 the proportion of cases among gay and bisexual men fell from 93 percent to 23 percent; in 1999, however, the proportion had increased to 71 percent. The proportion of white cases fell from 75 percent in 1981 to 18 percent in 1990, and then increased back to 57 percent in 1999. The mean age of cases decreased from 32.3 in 1981 to 30.6 in 1988, and then increased to 37.9 in 1999.

While syphilis rates are markedly lower than in the pre- and early AIDS eras, we once again see that the majority of cases are among gay and bisexual men. We will be presenting more of this analysis at the National STD Conference in December, 2000.

Based on the current epidemiology of syphilis in San Francisco, we recommend that all sexually active gay and bisexual men be screened twice each year for syphilis. If you suspect someone has syphilis, please report it by calling (415) 487-5555. *RPK*

San Francisco Monthly STD Report

Data for July, 2000
Report prepared August 16, 2000

Table 1. STDs diagnosed among San Francisco residents, July, 2000.

	This year		Last year	
	this month	*year to date*	*this month*	*year to date*
Gonorrhea	209	1,176	129	873
Chlamydia	282	1,809	189	1,515
Syphilis (adult total)	5	82	12	75
primary	0	11	0	1
secondary	4	23	3	12
(P&S subtotal)	4	34	3	13
early latent	1	7	0	6
(early subtotal)	5	41	3	19
unknown latent	0	1	1	11
late latent	0	40	8	45
Non-gonococcal urethritis	37	228	37	282
Pelvic inflammatory disease	4	40	4	28
Congenital syphilis	0	0	0	0
births	0	0	0	0
stillbirths	0	0	0	0
Chancroid	0	0	0	0
confirmed	0	0	0	0
presumptive	0	0	0	0

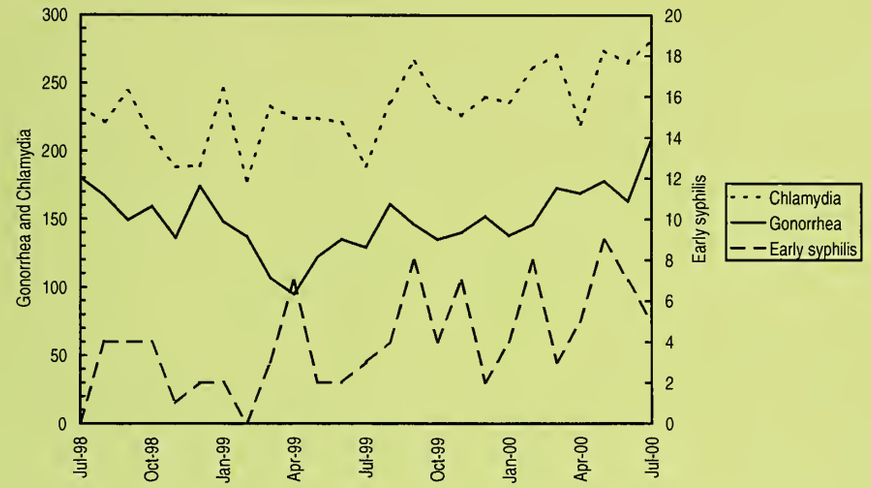

Figure 1. Monthly STD trends for San Francisco. Note different scale for syphilis cases.

Note: All statistics are provisional until the annual report is released for the year. Morbidity is based on date of diagnosis. Totals for past months may change due to delays in reporting from labs and providers.

Table 2. Selected STD cases and rates for San Francisco by age and race/ethnicity, 2000 through July only. Rates equal cases per 100,000 residents per year based on 1990 US Census data.

	(All races)		Asian/PI		African American		Hispanic		White	
	cases	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*
All ages										
Chlamydia	1,809	428.4	223	185.9	499	1120.5	338	575.3	284	144.4
Gonorrhea	1,176	278.5	51	42.5	279	626.5	147	250.2	465	236.5
Early syphilis	41	9.7	3	2.5	6	13.5	5	8.5	25	12.7
Adolescent (under 20 yrs)										
Chlamydia	479	2322.1	53	626.6	215	7241.1	75	1750.9	33	688.1
Gonorrhea	96	465.4	3	35.5	54	1818.7	16	373.5	10	208.5
Early syphilis	1	4.9	0	0.0	0	0.0	1	23.4	0	0.0

Editorial Note:

For late summer fun here are some safe sex tips from *The Complete Guide to Safer Sex* from the Institute for Advanced Study of Human Sexuality, Barricade Books, New York, New York, 1999.

- Sexual fantasies of any kind
- Romantic sex talk or "talk dirty"
- Flirting
- Hugging
- Kissing
- Erotic bathing
- Body licking on clean, healthy skin
- Erotic body massage
- Consensual exhibitionism and voyeurism
- Mutual or solitary masturbation
- Sensuous feeding
- Sex movies, videos and tapes

Which ones will you choose? *CKK*

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San Francisco Monthly STD Report

Data for August, 2000
Report prepared September 21, 2000

Table 1. STDs diagnosed among San Francisco residents, August, 2000.

	This year		Last year	
	this month	*year to date*	*this month*	*year to date*
Gonorrhea	230	1,422	161	1,034
Male rectal gonorrhea	22	131	13	106
Male gonococcal proctitis*	5	27	2	32
Chlamydia	250	2,089	236	1,752
Syphilis (adult total)	6	98	6	83
primary	3	14	1	2
secondary	1	25	1	13
(P&S subtotal)	4	39	2	15
early latent	2	10	2	8
(early subtotal)	6	49	4	23
unknown latent	0	1	1	12
late latent	0	48	1	48
Non-gonococcal urethritis	35	263	44	326
Pelvic inflammatory disease	2	42	9	37
Congenital syphilis	1	1	0	0
births	1	1	0	0
stillbirths	0	0	0	0
Chancroid	0	0	0	0
confirmed	0	0	0	0
presumptive	0	0	0	0

* City Clinic patients only

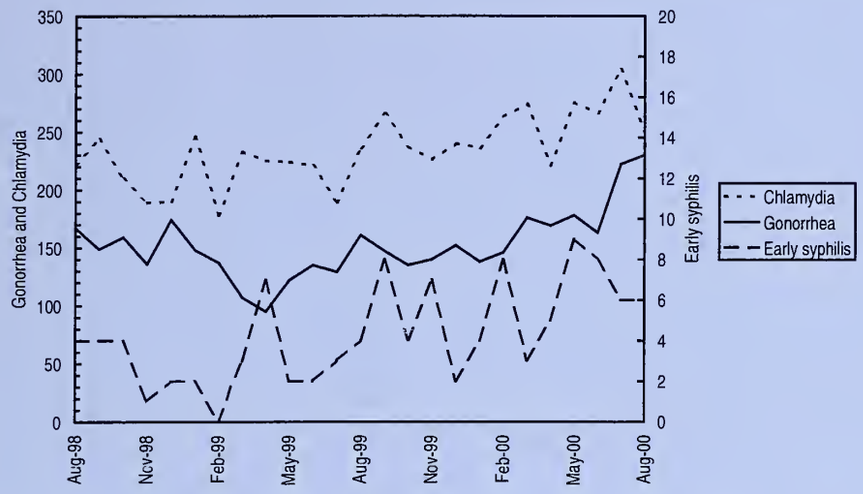

Figure 1. Monthly STD trends for San Francisco. Note different scale for syphilis cases.

Note: All statistics are provisional until the annual report is released for the year. Morbidity is based on date of diagnosis. Totals for past months may change due to delays in reporting from labs and providers.

Table 2. Selected STD cases and rates for San Francisco by age and race/ethnicity, 2000 through August only. Rates equal cases per 100,000 residents per year based on 1990 US Census data.

	(All races)		Asian/PI		African American		Hispanic		White	
	cases	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*
All ages										
Chlamydia	2,089	433	254	185	583	1,145	381	567	328	145.9
Gonorrhea	1,422	295	64	47	348	684	190	283	551	245.2
Early syphilis	49	10	3	2	6	12	9	13	31	13.8
Adolescent (under 20 yrs)										
Chlamydia	553	2345.7	59	610.3	253	7455.8	83	1695.5	35	638.5
Gonorrhea	122	517.5	5	51.7	69	2033.4	20	408.6	11	200.7
Early syphilis	1	4.2	0	0.0	0	0.0	1	20.4	0	0.0

Editorial Note: Rectal gonorrhea statistics

While we have previously included the number of rectal gonorrhea cases in this report, these numbers are influenced by the number of patients tested. San Francisco City Clinic (the municipal STD clinic) has reported the most cases of rectal gonorrhea, but the number of tests done there increased from 619 tests in 1993 to 1474 tests in 1999. With increased testing, more cases are likely to be identified.

After extensive discussion within the Department of Public Health and with members of the community, we have added a new statistic to this report: male gonococcal proctitis. This number is less likely to be influenced by any changes in testing practices because patients with proctitis (rectal pain, burning, itching, discharge or bleeding) usually seek care on their own and undergo evaluation for gonococcal, chlamydial and herpes infections.

This data is only available from City Clinic; medical providers are not required to include symptoms when reporting STD cases. However, the number of cases of gonococcal proctitis at City Clinic may be influenced by health-care-seeking behavior (i.e., where and how often persons with symptomatic rectal infections go for care).

During July, there were 16 rectal gonorrhea cases among males, and 7 of these were diagnosed with proctitis at City Clinic. During the same month the previous year there were also 16 rectal gonorrhea cases among males, but only 4 proctitis cases.

Any indicator for gonorrhea among men who have sex with men in San Francisco has its limitations, so these numbers must be interpreted with caution. Including both total rectal gonorrhea cases and gonococcal proctitis at City Clinic allows our readers to make more informed decisions about their behaviors, their medical practice, and public health policy.

Clinical note: In 1999, 1229 asymptomatic men with a history of receptive anal intercourse (with or without condom use) were screened for rectal gonorrhea at City Clinic, and 75 (5.8 percent) were positive . This rate of disease warrants regular screening in this population. Recommended treatment of asymptomatic rectal gonorrhea includes cefixime 400 mg po x 1 for patients and partner(s).

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San Francisco Monthly STD Report

Data for September, 2000
Report prepared October 19, 2000

Table 1. STDs diagnosed among San Francisco residents, September, 2000.

	This year		Last year	
	this month	*year to date*	*this month*	*year to date*
Gonorrhea	185	1,614	147	1,181
Male rectal gonorrhea	15	146	11	117
Male gonococcal proctitis*	5	32	4	36
Chlamydia	207	2,310	266	2,018
Syphilis (adult total)	9	120	8	96
primary	2	18	2	4
secondary	2	28	3	16
(P&S subtotal)	4	46	5	20
early latent	5	15	3	11
(early subtotal)	9	61	8	31
unknown latent	0	2	0	12
late latent	0	57	0	53
Non-gonococcal urethritis	30	293	50	376
Pelvic inflammatory disease	2	44	4	41
Congenital syphilis	0	1	0	0
births	0	1	0	0
stillbirths	0	0	0	0
Chancroid	0	0	0	0
confirmed	0	0	0	0
presumptive	0	0	0	0

* City Clinic patients only

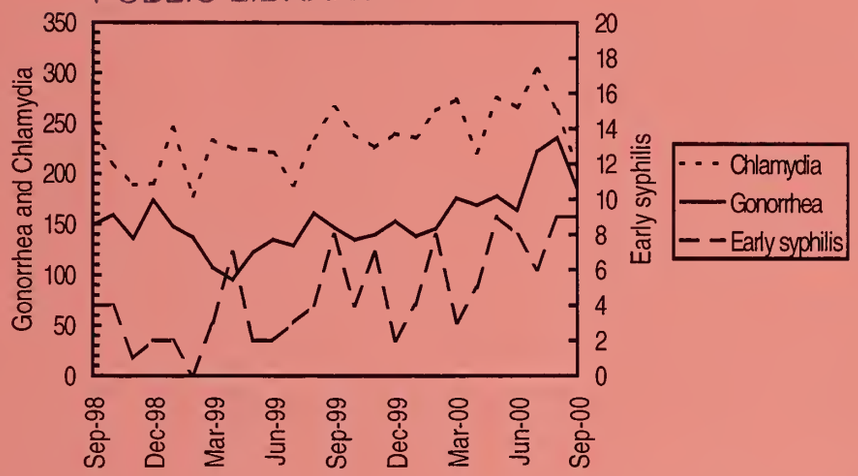

Figure 1. Monthly STD trends for San Francisco. Note different scale for syphilis cases.

Note: All statistics are provisional until the annual report is released for the year. Morbidity is based on date of diagnosis. Totals for past months may change due to delays in reporting from labs and providers.

Table 2. Selected STD cases and rates for San Francisco by age and race/ethnicity, 2000 through September only. Rates equal cases per 100,000 residents per year based on 1990 US Census data.

	(All races)		Asian/PI		African American		Hispanic		White	
	cases	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*
All ages										
Chlamydia	2,310	425	280	182	636	1,111	419	555	375	148.3
Gonorrhea	1,614	297	70	45	416	727	218	289	611	241.7
Early syphilis	61	11	5	3	6	10	11	15	38	15.0
Adolescent (under 20 yrs)										
Chlamydia	608	2292.5	66	606.9	274	7177.5	96	1743.2	38	616.2
Gonorrhea	132	497.7	7	64.4	75	1964.6	22	399.5	11	178.4
Early syphilis	1	3.8	0	0.0	0	0.0	1	18.2	0	0.0

Editorial Note: Shigella

Cases of *Shigella* have been increasing among men who have sex with men in San Francisco. Between July and September of this year, 135 cases were reported, which is three times the number reported during the same time last year. Ninety-three percent (126/135) of these infections were in men.

Shigella is a bacterium that causes "infectious diarrhea." Symptoms include abdominal cramps, fever, and severe diarrhea, which is sometimes bloody. In some persons, especially young children, elderly, or immunocompromised persons, the diarrhea can be so severe it requires hospitalization. For every person who sees a doctor and is diagnosed with *Shigella*, there are at least 40 who may have a milder infection or do not seek medical attention.

Shigella is very infectious, and easily spread by very small amounts of fecal contamination. It can spread through contaminated food or water, through inapparent exposure in day care centers with dirty diapers, and through sex involving the anus. Some sexual routes for transmission are oral-anal contact (rimming), and inadvertent exposure of the mouth through stool on fingers, penises, condoms, and sex toys.

Transmission of *Shigella* can be prevented by washing hands after using the bathroom; washing before and after anal sex play (including after handling a condom); avoiding unprotected oral-anal contact; and teaching children the importance of hand washing. *GPH/CKK*

San Francisco Monthly STD Report

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Data for October, 2000
Report prepared November 16, 2000

Table 1. STDs diagnosed among San Francisco residents, October, 2000.

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	This year		Last year	
	this month	*year to date*	*this month*	*year to date*
Gonorrhea	211	1,642	147	1,181
Male rectal gonorrhea	17	148	11	117
Male gonococcal proctitis*	6	33	4	36
Chlamydia	264	2,375	266	2,018
Syphilis (adult total)	10	124	8	96
primary	2	17	2	4
secondary	3	30	3	16
(P&S subtotal)	5	47	5	20
early latent	5	15	3	11
(early subtotal)	10	62	8	31
unknown latent	0	2	0	12
late latent	0	60	0	53
Non-gonococcal urethritis	74	739	91	709
Pelvic inflammatory disease	2	44	4	41
Congenital syphilis	0	1	0	0
births	0	1	0	0
stillbirths	0	0	0	0
Chancroid	0	0	0	0
confirmed	0	0	0	0
presumptive	0	0	0	0

* City Clinic patients only

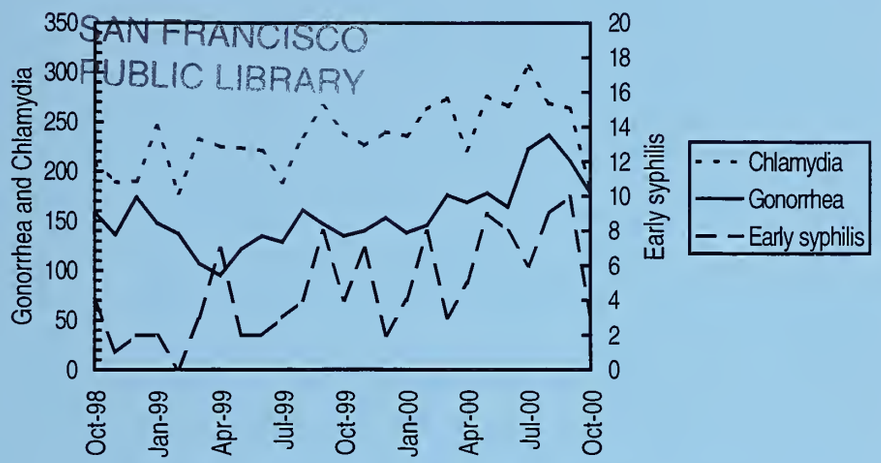

Figure 1. Monthly STD trends for San Francisco. Note different scale for syphilis cases.

Note: All statistics are provisional until the annual report is released for the year. Morbidity is based on date of diagnosis. Totals for past months may change due to delays in reporting from labs and providers.

Table 2. Selected STD cases and rates for San Francisco by age and race/ethnicity, 2000 through October only. Rates equal cases per 100,000 residents per year based on 1990 US Census data.

	(All races)		Asian/PI		African American		Hispanic		White	
	cases	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*
All ages										
Chlamydia	2,375	437	289	187	647	1,130	426	564	386	152.7
Gonorrhea	1,642	302	71	46	420	734	220	291	621	245.6
Early syphilis	62	11	5	3	6	10	11	15	40	15.8
Adolescent (under 20 yrs)										
Chlamydia	624	2352.8	70	643.7	278	7282.3	98	1779.5	40	648.7
Gonorrhea	134	505.3	7	64.4	76	1990.8	22	399.5	11	178.4
Early syphilis	1	3.8	0	0.0	0	0.0	1	18.2	0	0.0

Editorial Note: Authorization of Partner Therapy for Chlamydial Infection - Senate Bill 648

On September 29, 2000, Governor Gray Davis signed Senate Bill 648 into law. On January 1, 2001, Senate Bill 648 authorizes physicians and nurse practitioners to prescribe/dispense/furnish or otherwise provide additional prescription antibiotic therapy to patients diagnosed with sexually transmitted chlamydial infection to give to their sexual partners without examination of that patient's partner(s). This allows physicians and nurse practitioners treat chlamydia as an infection of not only one person but of a partnership. This law does **not** mandate that clinicians must provide partner therapy. This law enables clinicians to use their medical judgement and decide whether or not it may be beneficial to provide additional doses of antibiotics for partners. The standard recommendation that all sexual partners of patients with chlamydia be informed and undergo a medical evaluation and chlamydia testing still holds.

SFDPH has educational materials available for clinicians to use with patients who plan to give antibiotics to their partners. These materials provide information designed for the partner about chlamydia, its treatment and the risk and benefits of treatment. To obtain these materials please call (415) 487-5514. SFDPH staff also is available to assist clinicians and patients in partner notification (please call (415) 487-5518 for partner management assistance).

All sexually active persons 25 years of age or younger should be screened for chlamydial infection at least once and regularly thereafter depending on their sexual activity. Nucleic acid (DNA) amplification testing is the standard for diagnosis and recommended treatment for patients and partners includes azithromycin 1 gm po once or doxycycline 100 mg po bid x 7 days. Since reinfection is common, women with chlamydial infection should be rescreened 3 months later. *JDK*

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San Francisco Monthly STD Report

Data for November, 2000
Report prepared December 20, 2000

Table 1. STDs diagnosed among San Francisco residents, November, 2000.

	This year		Last year	
	this month	*year to date*	*this month*	*year to date*
Gonorrhea	125	1,965	140	1,456
Male rectal gonorrhea	15	179	17	145
Male gonococcal proctitis*	2	42	5	44
Chlamydia	180	2,771	226	2,483
Syphilis (adult total)	7	147	7	120
primary	0	17	0	4
secondary	2	35	6	23
(P&S subtotal)	2	52	6	27
early latent	3	16	1	15
(early subtotal)	5	68	7	42
unknown latent	1	6	0	15
late latent	1	73	0	63
Non-gonococcal urethritis	87	916	83	872
Pelvic inflammatory disease	1	51	7	55
Congenital syphilis	0	1	0	1
births	0	1	0	1
stillbirths	0	0	0	0
Chancroid	0	0	0	0
confirmed	0	0	0	0
presumptive	0	0	0	0

* City Clinic patients only

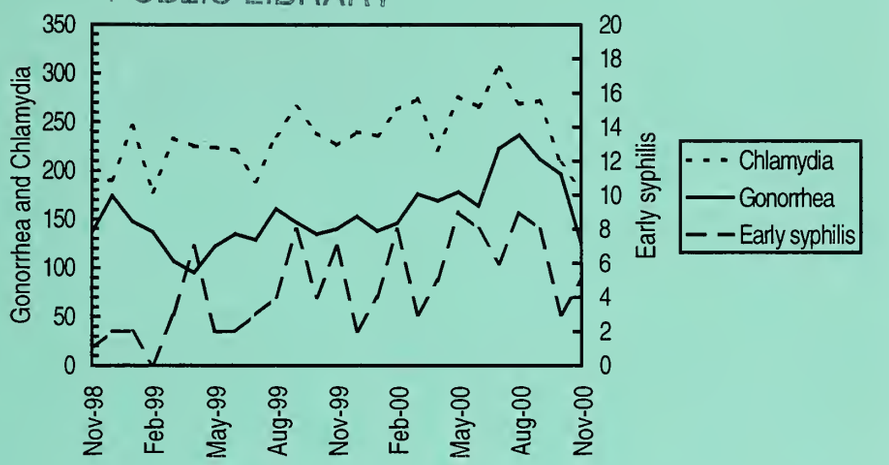

Figure 1. Monthly STD trends for San Francisco. Note different scale for syphilis cases.

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Table 2. Selected STD cases and rates for San Francisco by age and race/ethnicity, 2000 through November only. Rates equal cases per 100,000 residents per year based on 1990 US Census data.

	(All races)		Asian/PI		African American		Hispanic		White	
	cases	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*
All ages										
Chlamydia	2,771	418	338	179	772	1,103	501	543	448	145.0
Gonorrhea	1,965	296	85	45	520	743	266	288	741	239.8
Early syphilis	68	10	5	3	8	11	13	14	41	13.3
Adolescent (under 20 yrs)										
Chlamydia	726	2239.7	79	594.4	329	7051.3	111	1649.1	44	583.8
Gonorrhea	163	502.9	8	60.2	98	2100.4	25	371.4	11	146.0
Early syphilis	1	3.1	0	0.0	0	0.0	1	14.9	0	0.0

Editorial Note: San Francisco Sexually Transmitted Disease Annual Summary, 1999

The San Francisco Sexually Transmitted Disease Annual Summary, 1999 became available on the San Francisco Department of Public Health website on November 29, 2000 at www.dph.sf.ca.us/Reports/STD/STDAnnlSum99. Please check out the website, or if you would like a copy mailed to you, please contact Leona Holbert at (415) 554-8450. Detailed below are some highlights from the report.

Early syphilis cases increased from 40 to 44 cases from 1998 to 1999. We collect sexual orientation data for early syphilis cases, and approximately 70 percent of 1999 early syphilis cases were among men who have sex with men (MSM). Syphilis totals were near their lowest reported level since 1955.

Reported chlamydia cases increase by 4.7% from 1998, but many of these cases were asymptomatic infections detected through increased screening of men. The prevalence of chlamydia among women screened at prevalence monitoring sites declined by 10% between 1998 and 1999, which suggests that there was a decline in prevalence of chlamydia among women in San Francisco.

Reported gonorrhea cases decreased by 12.8% from 1998. Gonorrhea totals also are near their lowest levels since 1955. The distribution of gonorrhea cases by age, gender and neighborhood suggests that there are two different populations most heavily affected by gonorrhea in San Francisco. The first population includes young men and women in the southeastern sector of the city, where the rates are similar for men and women. This suggests that these persons are part of a primarily heterosexual network. In contrast, gonorrhea rates for males are highest in and around the Castro district, where rates for women are very low. Men with gonorrhea in this area are older than in the southeastern sector of the city with a peak incidence at 30-34 years. The Castro is the area in San Francisco with the greatest concentration of MSM. These data suggest that men with gonorrhea in this area belong to a sexual network of MSM. (Note that sexual orientation is not a legally reportable demographic, which is why we used other demographic data to make inferences about rates for MSM and heterosexuals.) *CKK*

San Francisco Monthly STD Report

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Data for December, 2000
Report prepared January 19, 2001

Table 1. STDs diagnosed among San Francisco residents, December, 2000.

	This year		Last year	
	this month	*year to date*	*this month*	*year to date*
Gonorrhea	133	2,140	153	1,609
Male rectal gonorrhea	15	198	14	159
Male gonococcal proctitis*	4	47	6	50
Chlamydia	192	3,030	240	2,723
Syphilis (adult total)	7	157	2	126
primary	0	17	0	4
secondary	2	37	2	25
(P&S subtotal)	2	54	2	29
early latent	3	18	0	15
(early subtotal)	5	72	2	44
unknown latent	1	7	0	15
late latent	1	78	0	67
Non-gonococcal urethritis	72	990	92	964
Pelvic inflammatory disease	2	54	1	56
Congenital syphilis	0	1	0	1
births	0	1	0	1
stillbirths	0	0	0	0
Chancroid	0	0	0	0
confirmed	0	0	0	0
presumptive	0	0	0	0

* City Clinic patients only

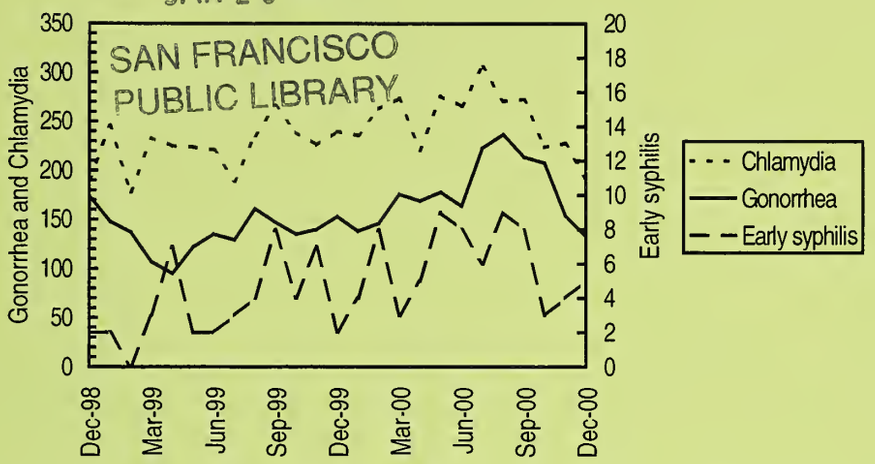

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Table 2. Selected STD cases and rates for San Francisco by age and race/ethnicity, 2000 through December only. Rates equal cases per 100,000 residents per year based on 1990 US Census data.

	(All races)		Asian/PI		African American		Hispanic		White	
	cases	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*
All ages										
Chlamydia	3,030	419	363	176	846	1,108	542	538	486	144.2
Gonorrhea	2,140	296	91	44	569	745	282	280	810	240.3
Early syphilis	72	10	6	3	9	12	13	13	42	12.5
Adolescent (under 20 yrs)										
Chlamydia	810	2290.6	88	606.9	360	7072.7	124	1688.7	52	632.5
Gonorrhea	178	503.4	8	55.2	106	2082.5	25	340.5	12	146.0
Early syphilis	1	2.8	0	0.0	0	0.0	1	13.6	0	0.0

Editorial Note: Case of Lymphogranuloma venereum (LGV) in San Francisco

Lymphogranuloma venereum (LGV) is an uncommon disease in the United States, but endemic in East and West Africa, India, parts of Southeast Asia, South America and the Caribbean. LGV is caused by serovars L1, L2, or L3 of *Chlamydia trachomatis*. Last month a heterosexual Latino male was diagnosed with LGV at the municipal STD clinic, San Francisco City Clinic. This was the first confirmed case in several years. He presented with pain and swelling of his right groin of increasing severity over the past 6 weeks. He had no significant past medical history and no history of IDU. His sexual history revealed no condom use with vaginal sex, 2 casual partners in the past year and sex with a sex worker. Six months ago he emigrated from Mexico.

Providers need to be rule out more common STDs such as chlamydia, gonorrhea, syphilis and herpes and be aware of LGV when patients present with inguinal lymphadenopathy without genital ulcers, particularly for patients from areas where LGV is endemic. The most common clinical manifestation of LGV among heterosexual men is unilateral tender lymphadenopathy. Women and MSM may have proctocolitis or inflammatory involvement of perirectal or perianal lymphatic tissues resulting in fistulas and strictures. Diagnosis can be confirmed chlamydial blood titer for LGV (UCSF, Chlamydia Laboratory 824-5115).

City Clinic clinicians are available at 487-5595 to answer questions regarding STD diagnosis and management. City Clinic clinicians are a particularly valuable resource for diagnosis and management of relatively uncommon STDs such as LGV and chancroid. *SA/JK*

San Francisco Monthly STD Report

DOCUMENTS DEPT.

Data for January, 2001
Report prepared February 16, 2001

Table 1. STDs diagnosed among San Francisco residents, January, 2001.

	This year		Last year	
	this month	*year to date*	*this month*	*year to date*
Gonorrhea	122	122	138	138
Male rectal gonorrhea	12	12	15	15
Male gonococcal proctitis*	6	6	4	4
Chlamydia	147	147	236	236
Syphilis (adult total)	7	12	4	10
primary	3	3	2	2
secondary	2	2	2	2
(P&S subtotal)	5	5	4	4
early latent	0	0	0	0
(early subtotal)	5	5	4	4
unknown latent	1	1	0	0
late latent	1	6	0	6
Non-gonococcal urethritis	98	98	77	77
Pelvic inflammatory disease	2	2	4	4
Congenital syphilis	0	0	0	0
births	0	0	0	0
stillbirths	0	0	0	0
Chancroid	0	0	0	0
confirmed	0	0	0	0
presumptive	0	0	0	0

* City Clinic patients only

MAR - 2 2001
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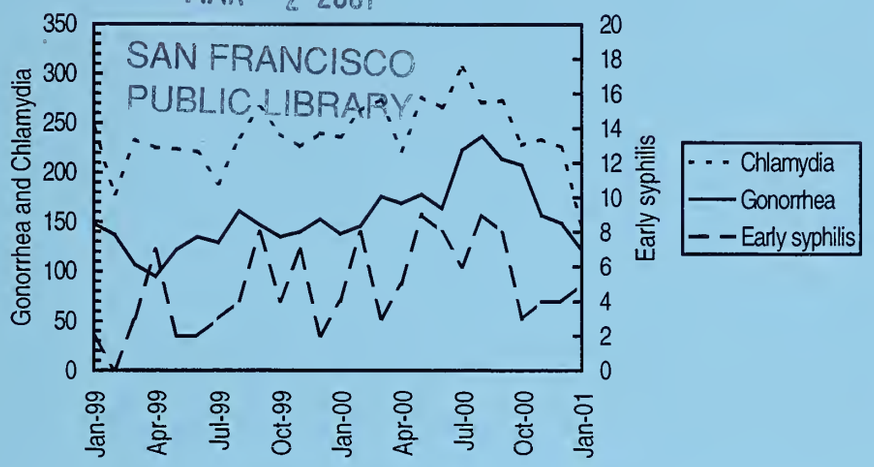

Figure 1. Monthly STD trends for San Francisco. Note different scale for syphilis cases.

Note: All statistics are provisional until the annual report is released for the year. Morbidity is based on date of diagnosis. Totals for past months may change due to delays in reporting from labs and providers.

Table 2. Selected STD cases and rates for San Francisco by age and race/ethnicity, January 2001 only. Rates equal cases per 100,000 residents per year based on 1990 US Census data.

	(All races)		Asian/PI		African American		Hispanic		White	
	cases	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*
All ages										
Chlamydia	147	244	16	93	63	990	30	357	0	0.0
Gonorrhea	122	202	4	23	38	597	15	179	0	0.0
Early syphilis	5	8	0	0	1	16	1	12	0	0.0
Adolescent (under 20 yrs)										
Chlamydia	56	1900.4	8	662.1	35	8251.5	6	980.5	0	0.0
Gonorrhea	14	475.1	2	165.5	9	2121.8	1	163.4	0	0.0
Early syphilis	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

Editorial Note: STD Prevention for Positives

A recent SFDPH report (Lancet, Feb 10, 2001, pp 432-5) showed that among persons with AIDS in San Francisco, those on highly active antiretroviral therapy (HAART) had more new STDs than those not on HAART. This finding supports previous studies that have observed increases in unsafe sex associated with HAART. STDs among persons with HIV are of concern for two reasons: 1) STDs increase HIV viral load in semen, which increases the likelihood of HIV transmission to an uninfected person, and 2) STDs increase plasma HIV viral load, decrease CD4 count and thus may accelerate disease progression (JID 2000;182:459-466). While there has been epidemiological evidence that STDs increase progression of HIV infection, this study describes possible biological mechanisms.

Thus, in order to protect their own health and that of others, sexually active persons with HIV infection should have regular STD check-ups and appropriate risk reduction counseling. In San Francisco, we currently recommend semi-annual screening for syphilis and at least annual screening for gonorrhea and chlamydia. If an HIV-infected person has had receptive anal sex in the previous six months (regardless of reported condom usage), we recommend screening for rectal gonococcal infection. In addition, if persons have had receptive fellatio in the last two months we recommend screening for pharyngeal gonococcal infection. Sexually active persons with HIV should seek and ask for STD screening services. Health care providers of persons with HIV should ask about their patient's sexual behavior, counsel and provide appropriate STD screening. STDs play an important role in HIV acquisition, transmission and progression. Controlling STDs is key to preventing HIV and AIDS in San Francisco. *CKK/JK*

San Francisco Monthly STD Report

DOCUMENTS DEPT.

Data for February, 2001
Report prepared March 27, 2001

APR - 2 2001

Table 1. STDs diagnosed among San Francisco residents, February, 2001.

	This year			
	this month	*year to date*	*this month*	*year to date*
Gonorrhea	134	302	146	284
Male rectal gonorrhea	15	30	15	30
Male gonococcal proctitis*	4	10	2	6
Chlamydia	190	433	261	497
Syphilis (adult total)	11	32	8	26
primary	3	6	3	5
secondary	4	7	4	6
(P&S subtotal)	7	13	7	11
early latent	4	5	1	1
(early subtotal)	11	18	8	12
unknown latent	0	1	0	0
late latent	0	13	0	14
Non-gonococcal urethritis	74	173	81	158
Pelvic inflammatory disease	3	10	4	8
Congenital syphilis	0	0	0	0
births	0	0	0	0
stillbirths	0	0	0	0
Chancroid	0	0	0	0
confirmed	0	0	0	0
presumptive	0	0	0	0

* City Clinic patients only

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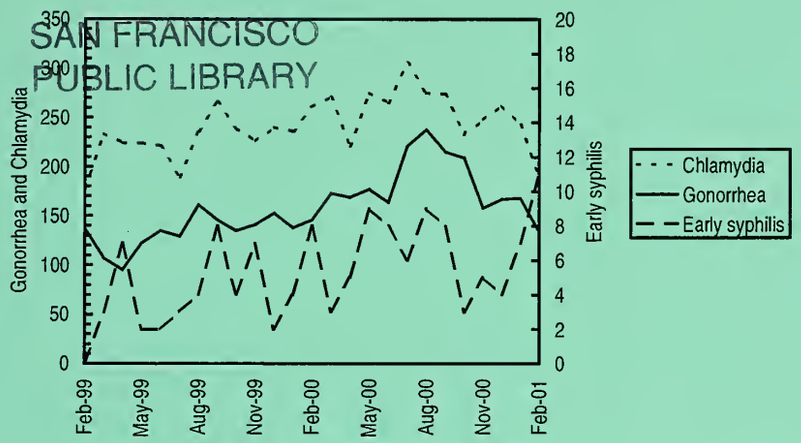

Figure 1. Monthly STD trends for San Francisco. Note different scale for syphilis cases.

Note: All statistics are provisional until the annual report is released for the year. Morbidity is based on date of diagnosis. Totals for past months may change due to delays in reporting from labs and providers.

Table 2. Selected STD cases and rates for San Francisco by age and race/ethnicity, February 2001 only. Rates equal cases per 100,000 residents per year based on 1990 US Census data.

	(All races)		Asian/PI		African American		Hispanic		White	
	cases	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*
All ages										
Chlamydia	433	359	51	149	135	1,061	60	357	60	106.8
Gonorrhea	302	250	14	41	86	676	33	197	118	210.0
Early syphilis	18	15	0	0	5	39	5	30	8	14.2
Adolescent (under 20 yrs)										
Chlamydia	141	2392.4	16	662.1	66	7780.0	16	1307.4	8	583.8
Gonorrhea	32	543.0	2	82.8	17	2003.9	2	163.4	3	218.9
Early syphilis	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

Editorial Note: Shigella

Shigella sonnei cases continue to affect men in San Francisco. All 51 reported cases for February and February this year have been in men, and particularly in men who have sex with men (MSM). In 2000, there were 265 reported cases among persons 15 years of age and older, a six-fold increase in reported cases compared to 1999; of these, 86 percent were in men.

Shigella are bacteria that cause diarrhea that is sometimes bloody, with stomach cramps and fever. These bacteria are in stool, and are easily spread by sex involving the anus. Sexual routes for transmission include oral-anal contact ("rimming") and inadvertent oral exposure via stool from penises, fingers, condoms and sex toys.

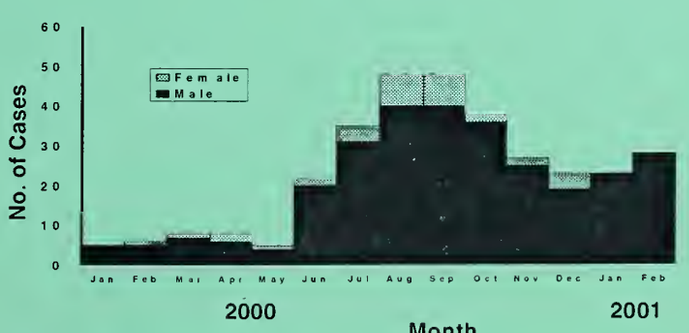

Figure. Confirmed *S. sonnei* infections among San Francisco residents 15 years of age and older, by sex, 2000-2001.

The sexual transmission of Shigellosis can be prevented by washing before and after anal sex play, washing after handling a condom, and limiting unprotected oral-anal sex. Health care providers are reminded to test MSM with diarrhea for *Shigella* and to treat infected persons with Ciprofloxacin 500 mg po BID for three days. *GPH*

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San Francisco Monthly STD Report

Data for March, 2001
Report prepared April 18, 2001

Table 1. STDs diagnosed among San Francisco resident
March, 2001.

MARCH 2001
C 2

	This year		Last year	
	this month	*year to date*	*this month*	*year to date*
Gonorrhea	164	500	173	457
Male rectal gonorrhea	19	50	17	47
Male gonococcal proctitis*	5	15	4	10
Chlamydia	220	695	271	768
Syphilis (adult total)	11	45	3	38
primary	3	9	0	5
secondary	7	13	3	9
(P&S subtotal)	10	22	3	14
early latent	1	7	0	1
(early subtotal)	11	29	3	15
unknown latent	0	1	0	0
late latent	0	15	0	23
Non-gonococcal urethritis	73	246	65	223
Pelvic inflammatory disease	2	13	7	15
Congenital syphilis	0	0	0	0
Chancroid	0	0	0	0

* City Clinic patients only

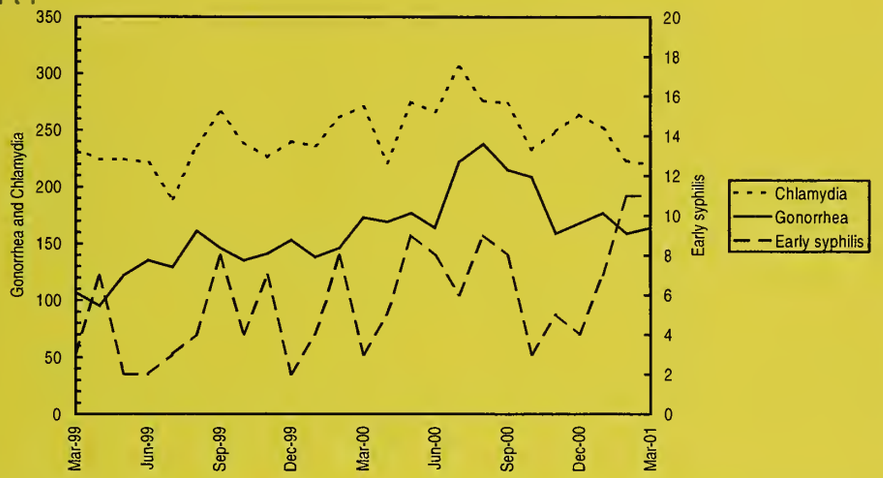

Figure 1. Monthly STD trends for San Francisco. Note different scale for syphilis cases.

Note: All statistics are provisional until the annual report is released for the year. Morbidity is based on date of diagnosis. Totals for past months may change due to delays in reporting from labs and providers.

Table 2. Selected STD cases and rates for San Francisco by age and race/ethnicity, March 2001 only. Rates equal cases per 100,000 residents per year based on 1990 US Census data.

	(All races)		Asian/PI		African American		Hispanic		White	
	cases	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*
All ages										
Chlamydia	695	384	74	144	222	1,163	94	373	101	119.8
Gonorrhea	500	276	23	45	140	734	46	183	197	233.8
Early syphilis	29	16	1	2	9	47	6	24	12	14.2
Adolescent (under 20 yrs)										
Chlamydia	221	2499.9	22	606.9	107	8408.6	26	1416.3	11	535.2
Gonorrhea	52	588.2	4	110.3	27	2121.8	5	272.4	4	194.6
Early syphilis	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

Editorial Note: Increases in ciprofloxacin-resistant gonorrhea

Since October 2000 we have observed a substantial increase in the number of gonorrhea cases with "intermediate" resistance to ciprofloxacin (i.e., MIC of 0.125 to 0.5 µg/ml). Recent clinical trials have documented increased rates of ciprofloxacin failure for treatment of gonorrhea with either intermediate or resistant (i.e., greater than 1.0 µg/ml) gonococci.

Medical providers are reminded that the Centers for Disease Control and San Francisco Department of Public Health recommend cefixime 400 mg P.O. for treatment of uncomplicated gonorrhea (pharyngeal, urethral, cervical, and rectal). To date there are have been no reported gonococcal isolates with significant resistance to cefixime or ceftriaxone. Persons with beta-lactamase allergies who require gonorrhea treatment with quinolones should be advised of the increased risk for treatment failure and counseled to return if symptoms persist.

Reported risk factors for acquisition of ciprofloxacin-resistant gonorrhea include travel to South East Asia and recent use of quinolones. Persons with gonorrhea should be asked about recent foreign travel and antibiotic use. *JK*

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San Francisco Monthly STD Report

Data for April, 2001
Report prepared May 17, 2001

Table 1. STDs diagnosed among San Francisco residents, April, 2001.

	This year		Last year	
	this month	*year to date*	*this month*	*year to date*
Gonorrhea	84	588	168	625
Male rectal gonorrhea	15	66	14	61
Male gonococcal proctitis*	6	21	3	13
Chlamydia	179	898	220	982
Syphilis (adult total)	11	62	5	50
primary	4	13	2	7
secondary	3	17	2	11
(P&S subtotal)	7	30	4	18
early latent	4	11	1	2
(early subtotal)	11	41	5	20
unknown latent	0	1	0	0
late latent	0	20	0	30
Non-gonococcal urethritis	79	340	67	290
Pelvic inflammatory disease	3	16	5	20
Congenital syphilis	0	0	0	0
births	0	0	0	0
stillbirths	0	0	0	0
Chancroid	0	0	0	0
confirmed	0	0	0	0
presumptive	0	0	0	0
Adult Males Shigellosis	33	120	8	37
S. flexneri	5	14	4	20
S. sonnei	28	106	4	17

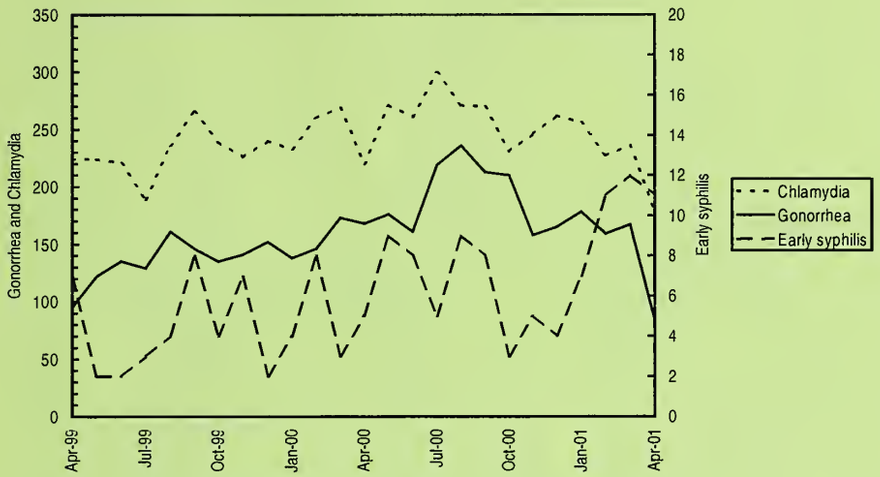

Figure 1. Monthly STD trends for San Francisco. Note different scale for syphilis cases.

Note: All statistics are provisional until the annual report is released for the year. Morbidity is based on date of diagnosis. Totals for past months may change due to delays in reporting from labs and providers.

Table 2. Selected STD cases and rates for San Francisco by age and race/ethnicity, April 2001 only. Rates equal cases per 100,000 residents per year based on 1990 US Census data.

	(All races)		Asian/PI		African American		Hispanic		White	
	cases	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*
All ages										
Chlamydia	898	372	91	133	281	1,104	122	363	150	133.5
Gonorrhea	588	244	27	39	161	633	52	155	239	212.7
Early syphilis	41	17	1	1	12	47	11	33	17	15.1
Adolescent (under 20 yrs)										
Chlamydia	272	2307.6	26	537.9	125	7367.4	35	1429.9	15	547.3
Gonorrhea	64	543.0	4	82.8	34	2003.9	6	245.1	4	146.0
Early syphilis	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

Editorial Note: Increases in syphilis

As seen in Figure 1 above, the number of early syphilis cases in San Francisco has been increasing. Table 1 shows that there are more than twice the number of cases reported this year than for last year at this time (41 cases this year versus 20 for last year). In contrast, gonorrhea and chlamydia cases have decreased substantially.

This appears to be the continuation of the trend we have seen over the last two years: the number of early syphilis cases has increased from 40 cases in 1998 to 44 in 1999 and to 70 cases in 2000. While we have observed large variations from month, we could see over 140 cases for 2001 if this trend continues for the rest of this year.

All patients diagnosed with early syphilis are assigned for counseling and partner notification. Data collected from interviewing these patients has revealed that 31 of the 41 cases were among men who had sex with men (MSM). Seventeen (17) of the 41 cases were HIV-positive; all these patients were male. Fifteen (15) of the 41 cases reported having "anonymous" sex partners, who we were unable to contact and evaluate for possible syphilis infection.

Clinicians should remember that common presentations of syphilis are genital ulcers, flu-like symptoms, adenopathy and body rash. The Department of Public Health recommends that any patient suspected to have syphilis infection should be treated immediately. Recommended treatment is benzathine penicillin G. Azithromycin 2 gm STAT and repeated one week later may also be effective. HIV-infected MSM should have a syphilis serology at least twice each year; we recommend that a syphilis serology should be ordered with every HIV viral load.

The Department of Public Health is distributing new guidelines entitled *STD Preventive Services in Persons Infected with HIV.* Copies can be obtained from Leona Holbert at 554-8451 or on the department website (www.dph.sf.ca.us/sfcityclinic).

San Francisco Monthly STD Report

Data for May, 2001
Report prepared June 20, 2001

Table 1. STDs diagnosed among San Francisco resident May, 2001.

	This year		Last year	
	this month	*year to date*	*this month*	*year to date*
Gonorrhea	133	746	176	801
Male rectal gonorrhea	20	90	15	76
Male gonococcal proctitis*	7	28	1	14
Chlamydia	169	1,130	271	1,253
Syphilis (adult total)	15	85	9	67
primary	3	17	1	8
secondary	11	27	5	16
(P&S subtotal)	14	44	6	24
early latent	1	12	3	6
(early subtotal)	15	56	9	30
unknown latent	0	1	0	0
late latent	0	28	0	37
Non-gonococcal urethritis	97	438	89	379
Pelvic inflammatory disease	3	20	8	28
Congenital syphilis	0	0	0	0
Chancroid	0	0	0	0
Adult Male Shigellosis	65	152	20	49
S. flexneri	12	21	11	27
S. sonnei	53	131	9	22

* City Clinic patients only

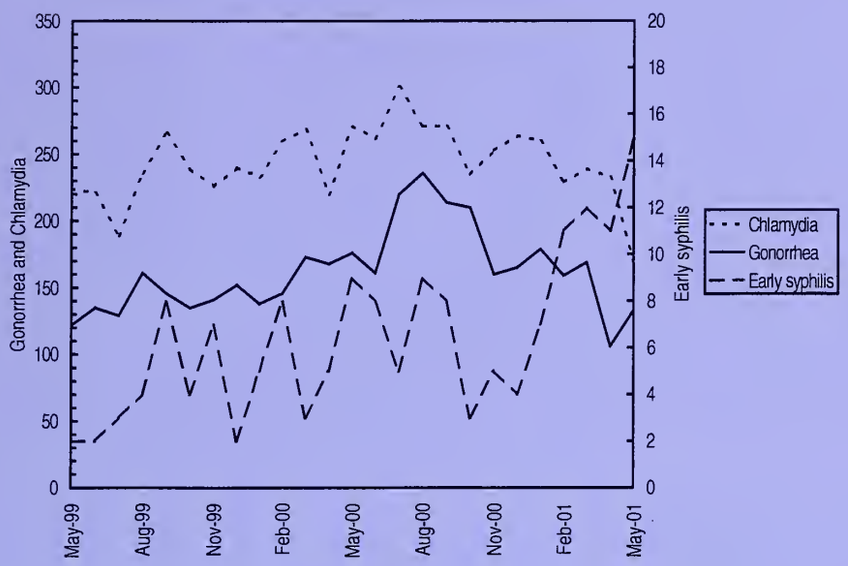

Figure 1. Monthly STD trends for San Francisco. Note different scale for

Note: All statistics are provisional until the annual report is released for the year. Morbidity is based on date of diagnosis. Totals for past months may change due to delays in reporting from labs and providers.

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Table 2. Selected STD cases and rates for San Francisco by age and race/ethnicity, May 2001 only. Rates equal cases per 100,000 residents per year based on 1990 US Census data.

	(All races)		Asian/PI		African American		Hispanic		White	
	cases	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*
All ages										
Chlamydia	1,130	375	116	135	344	1,081	155	369	190	135.3
Gonorrhea	746	247	40	47	200	629	69	164	303	215.7
Early syphilis	56	19	3	4	13	41	12	29	27	19.2
Adolescent (under 20 yrs)										
Chlamydia	344	2334.7	37	612.4	156	7355.6	43	1405.4	21	613.0
Gonorrhea	78	529.4	5	82.8	43	2027.5	6	196.1	5	146.0
Early syphilis	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

Editorial Note: Low rates of adult hepatitis B immunization

This month a CDC report documented very low rates of hepatitis B immunization in men who have sex with men (MSM) aged 15-22 years. Rates ranged from 3 percent in Dallas to 27 percent in Seattle; the proportion of immunized young MSM in San Francisco was 6 percent (AJPH 2001; 91:965-971).

It is estimated that between 72,000 and 144,000 hepatitis B infections each year in the United States are aquired through sexual transmission. Chronic infection develops in between one and six percent of persons infected as adults. Infection leads to an estimated 6,000 deaths annually in the United States from cirrhosis of the liver and hepatocellular carcinoma.

Hepatitis B infection is preventable. In accordance with CDC recommendations, the San Francisco Department of Public Health recommends that all medical providers and institutions in San Francisco ensure that the following persons receive the hepatitis B vaccine:

- sexually active MSM
- sexually active heterosexual men and women who have had an STD recently diagnosed or more than one sexual partner in the past 6 months
- injection drug users, their household contacts and sexual partners
- household and sexual contacts of persons with chronic HBV infection
- hemodialysis patients and recipients of certain blood products
- health care workers and clients and employees of facilities for the developmentally disabled
- adoptees from countries where HBV infection is endemic
- certain international travelers
- infants and children

Please note that hepatitis B vaccine is offered as part of the medical evaluation at City Clinic for persons less than 30 years of age. *JK/RPK*

San Francisco Monthly STD Report

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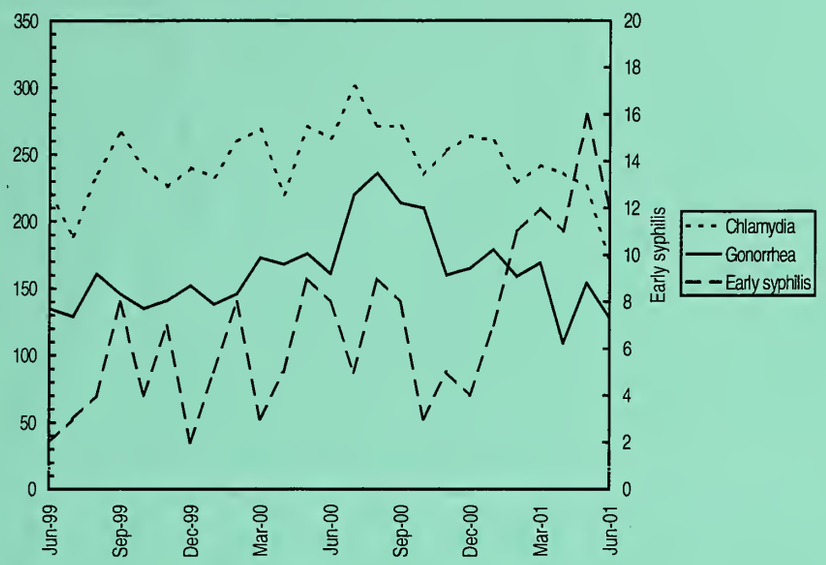
Data for June, 2001
Report prepared July 31, 2001

Table 1. STDs diagnosed among San Francisco residents, June, 2001.

	This year		Last year	
	this month	*year to date*	*this month*	*year to date*
Gonorrhea	128	898	161	962
Male rectal gonorrhea	15	106	16	92
Male gonococcal proctitis*	4	32	1	15
Chlamydia	170	1,363	262	1,515
Syphilis (adult total)	16	108	10	83
primary	2	20	3	11
secondary	7	33	3	19
(P&S subtotal)	9	53	6	30
early latent	3	16	2	8
(early subtotal)	12	69	8	38
unknown latent	2	3	1	1
late latent	2	36	1	44
Non-gonococcal urethritis	94	533	97	476
Pelvic inflammatory disease	4	25	8	36
Congenital syphilis	0	1	0	0
Chancroid	0	0	0	0
Adult Males Shigellosis	15	167	15	64
S. flexneri	3	24	1	28
S. sonnei	12	143	14	36

* City Clinic patients only



ure 1. Monthly STD trends for San Francisco. Note different scale for

Note: All statistics are provisional until the annual report is released for the year. Morbidity is based on date of diagnosis. Totals for past months may change due to delays in reporting from labs and providers.

Table 2. Selected STD cases and rates for San Francisco by age and race/ethnicity, 2001 through June only. Rates equal cases per 100,000 residents per year based on 1990 US Census data.

	(All races)		Asian/PI		African American		Hispanic		White	
	cases	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*
All ages										
Chlamydia	1,363	377	145	141	409	1,071	185	367	235	139.4
Gonorrhea	898	248	46	45	228	597	87	173	377	223.7
Early syphilis	69	19	3	3	14	37	13	26	38	22.5
Adolescent (under 20 yrs)										
Chlamydia	401	2268.0	45	620.7	185	7269.2	45	1225.7	24	583.8
Gonorrhea	92	520.3	5	69.0	52	2043.2	8	217.9	7	170.3
Early syphilis	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

***Editorial Note:** Condoms highly effective in preventing HIV transmission & reducing risk of other STDs*

Recent media reports may have confused providers and the public on the effectiveness of condoms. The Centers for Disease Control and Prevention (CDC) recently provided updated guidance for health departments and providers on condom effectiveness. The CDC concluded:

Latex condoms, when used consistently and correctly:

- are highly effective in preventing transmission of HIV, the virus that causes AIDS.
- can reduce the risk of transmission of gonorrhea, chlamydia and trichomoniasis.
- can reduce the risk of genital herpes, syphilis, chancroid, and human papilloma virus (HPV) infection, when the infected areas are covered or protected by the condom. In addition, the use of latex condoms has been associated with a reduction in risk of HPV-associated diseases, such as cervical cancer.

Furthermore, when used consistently and correctly, condoms are highly effective in preventing pregnancy.

Thus, condoms can prevent pregnancy and STD transmission including HIV.

For a bibliography on condom effectiveness, please see www.cdcnpin.org.

San Francisco Monthly STD Report

Data for July, 2001
Report prepared August 20, 2001

Table 1. STDs diagnosed among San Francisco residents, July, 2001.

	This year		Last year	
	this month	*year to date*	*this month*	*year to date*
Gonorrhea	169	1,147	220	1,182
Male rectal gonorrhea	18	129	16	108
Male gonococcal proctitis*	6	38	7	22
Chlamydia	204	1,693	301	1,816
Syphilis (adult total)	12	122	5	91
primary	1	21	0	11
secondary	5	38	4	23
(P&S subtotal)	6	59	4	34
early latent	4	21	1	9
(early subtotal)	10	80	5	43
unknown latent	1	5	0	1
late latent	1	37	0	47
Non-gonococcal urethritis	85	618	94	570
Pelvic inflammatory disease	2	27	4	40
Congenital syphilis	0	1	0	0
Chancroid	0	0	0	0
All Males Shigellosis	18	185	29	93
flexneri	1	25	1	29
sonnei	-	160	28	64

* City Clinic patients only

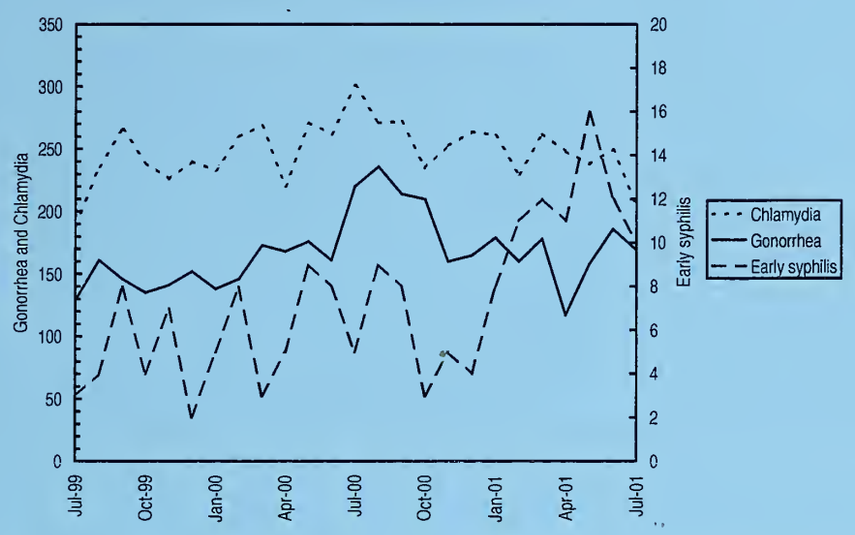


Figure 1. Monthly STD trends for San Francisco. Note different scale for syphilis cases.

Note: All statistics are provisional until the annual report is released for the year. Morbidity is based on date of diagnosis. Totals for past months may change due to delays in reporting from labs and providers.

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Table 2. Selected STD case rates for San Francisco by age and race/ethnicity, 2001 through July. Rates equal cases per 100,000 residents per year based on 1990 US Census data.

	(All races)		Asian/PI		African American		Hispanic		White	
	cases	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*
All ages										
Chlamydia	1,693	401	175	146	511	1,147	224	381	295	150.0
Gonorrhea	1,147	272	60	50	289	649	120	204	472	240.0
Early syphilis	80	19	3	3	16	36	15	26	44	22.4
Adolescent (under 20 yrs)										
Chlamydia	481	2331.8	48	567.5	223	7510.5	51	1190.6	28	583.8
Gonorrhea	111	538.1	5	59.1	60	2020.8	9	210.1	12	250.2
Early syphilis	1	4.9	0	0.0	0	0.0	1	23.4	0	0.0

Editorial Note: Screening for herpes simplex virus infection

Genital herpes is one of the most common sexually transmitted diseases in the United States. An estimated 22%, or 45 million Americans, are infected with herpes simplex virus type 2 (HSV-2), the cause of most genital herpes infections. Eighty percent of persons infected with HSV-2 do not recognize their infection because they have symptoms that cannot be seen, are mild or not typical, or are ignored because they eventually go away. However, studies indicate that once persons are counseled and educated to recognize herpes symptoms, most come to identify their symptoms. Anyone infected with genital herpes sheds the herpes virus and can transmit the virus to another person, even when symptoms are not present. To reduce herpes transmission it is very important to identify those who are unaware of their infection.

Clinicians should only use type-specific serologic tests when serologically evaluating patients for genital herpes. Two tests are currently FDA approved and commercially available: the HerpeSelect 1 and 2 ELISA produced by Focus Technologies (Cypress, CA), and the POCkit HSV-2 rapid point of care test produced by Diagnology (Belfast, Ireland).

All patients evaluated for STDs should be informed whether herpes testing has been performed. City Clinic offers herpes tests as a part of routine STD evaluations. When counseling patients with herpes infection it is important to counsel and educate persons to recognize symptoms, avoid sex when symptoms are present, use condoms, and inform partners.

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San Francisco Monthly STD Report

Data for August, 2001
Report prepared September 19, 2001

Table 1. STDs diagnosed among San Francisco residents, August, 2001.

	This year		Last year	
	this month	*year to date*	*this month*	*year to date*
Gonorrhea	166	1,354	236	1,418
Male rectal gonorrhea	18	150	22	130
Male gonococcal proctitis*	6	44	5	27
Chlamydia	220	1,962	271	2,087
Syphilis (adult total)	13	148	11	113
primary	2	23	4	15
secondary	5	45	3	26
(P&S subtotal)	7	68	7	41
early latent	4	29	2	11
(early subtotal)	11	97	9	52
unknown latent	1	6	1	2
late latent	1	45	1	59
Non-gonococcal urethritis	81	699	93	663
Pelvic inflammatory disease	2	30	2	42
Congenital syphilis	0	1	1	1
Chancroid	0	0	0	0
Adult Males Shigellosis	12	197	52	145
S. flexneri	5	30	12	41
S. sonnei	7	167	40	104

* City Clinic patients only

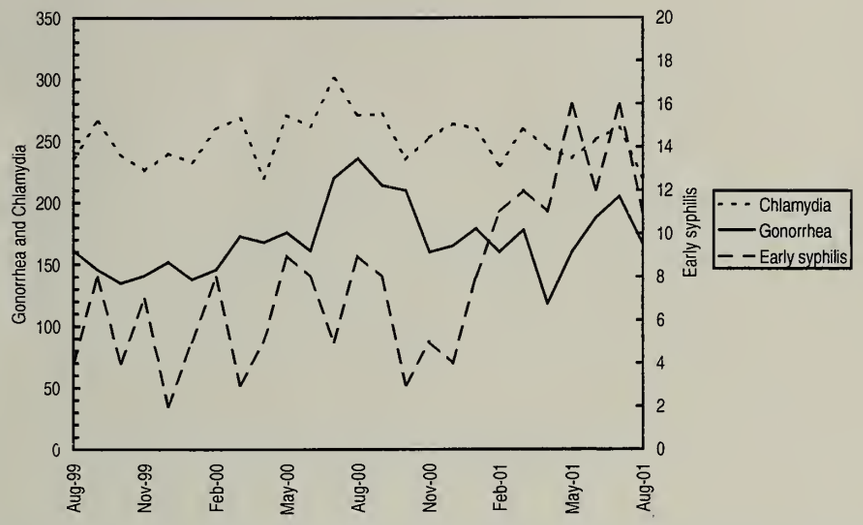

Figure 1. Monthly STD trends for San Francisco. Note different scale for syphilis cases.

Note: All statistics are provisional until the annual report is released for the year. Morbidity is based on date of diagnosis. Totals for past months may change due to delays in reporting from labs and providers.

Table 2. Selected STD cases and rates for San Francisco by age and race/ethnicity, 2001 through August only. Rates equal cases per 100,000 residents per year based on 1990 US Census data..

	(All races)		Asian/PI		African American		Hispanic		White	
	cases	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*
All ages										
Chlamydia	1,962	407	198	144	575	1,130	262	390	329	146.4
Gonorrhea	1,354	281	67	49	329	646	133	198	564	251.0
Early syphilis	97	20	5	4	18	35	17	25	50	22.3
Adolescent (under 20 yrs)										
Chlamydia	539	2286.4	53	548.3	237	6984.3	55	1123.5	29	529.1
Gonorrhea	127	538.7	5	51.7	67	1974.5	11	224.7	14	255.4
Early syphilis	1	4.2	0	0.0	0	0.0	1	20.4	0	0.0

Editorial Note: Evaluation of Gonorrhea Screening in Family Planning Settings: California 2000

We evaluated gonorrhea screening during 2000 of women tested in 29 California sentinel family planning clinics in order to better target screening. The observed gonorrhea prevalence was 0.9% (257/28,590), while chlamydia prevalence was 4.9% (1,497/30,568). Gonorrhea prevalence was significantly higher among women with symptoms, with concurrent chlamydial infection, who were younger than 25 years, or who were African-American (all P-values < .01). Women with symptoms and/or chlamydia had an observed gonorrhea prevalence of 2.3% (155/6,716). Seventy-six percent (21,874/28,590) of women tested for gonorrhea had neither symptoms nor chlamydia, and the observed gonorrhea prevalence among these women was 0.5% (98/21,324). Among women with neither symptoms nor chlamydia, the observed prevalence among those less than 25 years was 0.6% (61/10,130), and among African-Americans it was 1.2% (44/3,776). The positive predictive value for an observed prevalence of 0.9% (the overall prevalence among those tested) would be only 43% for a test with sensitivity of 95.0% and specificity of 99.5%.

Diagnostic testing for gonorrhea based on symptoms and chlamydial infection may be more appropriate in California family planning settings than screening with no clinical indication, even among women less than 25 years. Performing only diagnostic testing could reduce current testing by 76%. While human costs of false positives are difficult to quantify, they are important to consider in establishing screening guidelines. We are recommending that San Francisco sites with a gonorrhea prevalence of less than 2% (75% of Department of Public Health supported sites) discontinue gonorrhea screening and perform only diagnostic testing on women with symptoms or chlamydia. *CKK*

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San Francisco Monthly STD Report

Data for September, 2001
Report prepared October 19, 2001

Table 1. STDs diagnosed among San Francisco residents, September, 2001.

	This year		Last year	
	this month	*year to date*	*this month*	*year to date*
Gonorrhea	154	1,538	214	1,631
Male rectal gonorrhea	17	169	17	146
Male gonococcal proctitis*	5	49	6	33
Chlamydia	200	2,228	272	2,359
Syphilis (adult total)	16	178	10	127
primary	3	27	2	17
secondary	4	50	3	29
(P&S subtotal)	7	77	5	46
early latent	7	39	3	14
(early subtotal)	14	116	8	60
unknown latent	1	7	1	3
late latent	1	55	1	64
Non-gonococcal urethritis	91	790	73	736
Pelvic inflammatory disease	2	32	3	43
Congenital syphilis	0	1	0	1
Chancroid	0	0	0	0
Adult Males Shigellosis	*NA*	*NA*	*NA*	*NA*
S. flexneri	*NA*	*NA*	*NA*	*NA*
S. sonnei	*NA*	*NA*	*NA*	*NA*

* City Clinic patients only

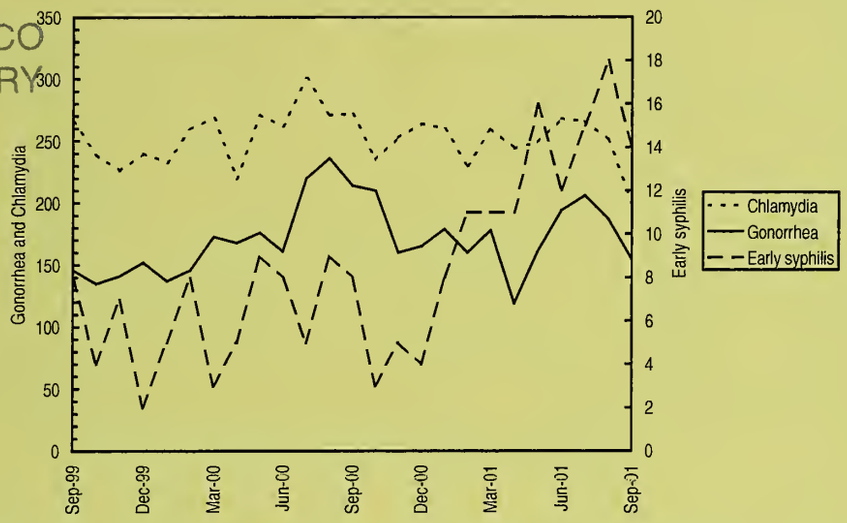

Figure 1. Monthly STD trends for San Francisco. Note different scale for syphilis cases.

Note: All statistics are provisional until the annual report is released for the year. Morbidity is based on date of diagnosis. Totals for past months may change due to delays in reporting from labs and providers.

Table 2. Selected STD cases and rates for San Francisco by age and race/ethnicity, 2001 through September only. Rates equal cases per 100,000 residents per year based on 1990 US Census data.

	(All races)		Asian/PI		African American		Hispanic		White	
	cases	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*
All ages										
Chlamydia	2,228	410	218	141	640	1,118	306	405	385	152.3
Gonorrhea	1,538	283	77	50	381	665	151	200	635	251.2
Early syphilis	116	21	7	5	21	37	17	23	62	24.5
Adolescent (under 20 yrs)										
Chlamydia	603	2273.6	54	496.6	266	6967.9	65	1180.3	33	535.2
Gonorrhea	138	520.3	6	55.2	74	1938.4	12	217.9	14	227.0
Early syphilis	1	3.8	0	0.0	0	0.0	1	18.2	0	0.0

Editorial Note: Syphilis Increases among MSM — Opportunities for Prevention and Treatment

Early syphilis cases in San Francisco have doubled for each of the past three years. To date, we have reports of 116 cases of early syphilis. We estimate that nearly 150 cases will be reported by the end of 2001 compared with 70 cases in 2000. Most cases (84%) in 2001 have been among men who have sex with men (MSM). These men reported a total of 1130 partners during the time they may have been infectious and most partners were un-named. Since most were un-named, we were able to contact and confirm the medical evaluation of only 8% (95/1130) of partners.

Because many MSM exposed to syphilis may be unaware of their exposure, we have launched an awareness campaign to inform the MSM community about the increase in syphilis and to increase syphilis screening. We are working with owners of venues such as sex clubs, adult bookstores, internet chatrooms and certain bars where recent syphilis cases have met sexual partners to inform patrons of the risk of syphilis and to assure the availability of safer sex educational materials and use of condoms and lubricants where appropriate. We also are placing informational ads in community papers and increasing provider and community-level educational activities.

We are asking for your assistance in controlling syphilis. Based on the current epidemiology of syphilis in San Francisco, we recommend that all sexually active gay and bisexual men be screened twice each year for syphilis. If you suspect someone has syphilis, please report it by calling (415) 487-5555. The goal is eliminating syphilis in the City. *PVA/CKK*

San Francisco Monthly STD Report

Data for October, 2001
Report prepared November 21, 2001

Table 1. STDs diagnosed among San Francisco residents, October, 2001.

	This year		Last year	
	this month	*year to date*	*this month*	*year to date*
Gonorrhea	146	1,714	210	1,839
Male rectal gonorrhea	19	190	18	164
Male gonococcal proctitis*	4	53	7	40
Chlamydia	230	2,502	235	2,594
Syphilis (adult total)	26	223	7	142
primary	8	35	0	17
secondary	5	56	3	32
(P&S subtotal)	*13*	*91*	*3*	*49*
early latent	13	55	0	13
(early subtotal)	*26*	*146*	*3*	*62*
unknown latent	0	8	2	5
late latent	0	69	2	75
Non-gonococcal urethritis	81	871	91	827
Pelvic inflammatory disease	1	33	5	48
Congenital syphilis	0	1	0	1
Chancroid	0	0	0	0
Adult Males Shigellosis	12	223	34	221
S. flexneri	5	38	2	45
S. sonnei	7	185	32	176

* City Clinic patients only

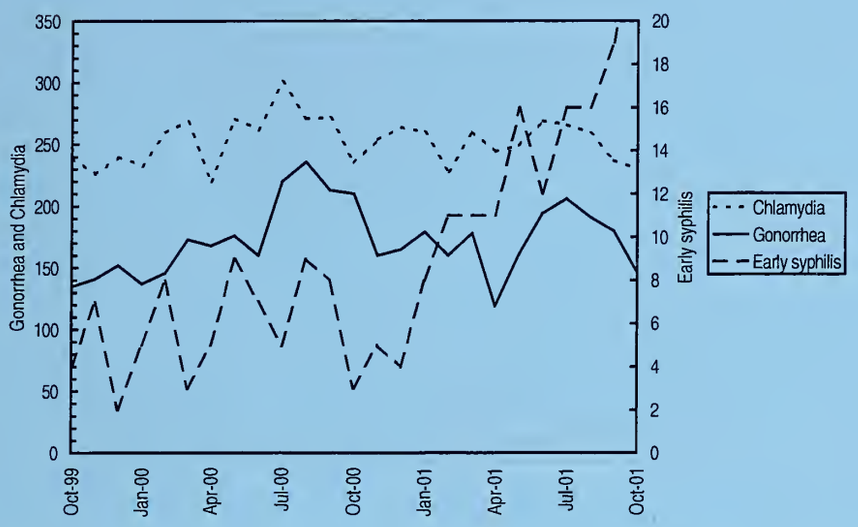

Figure 1. Monthly STD trends for San Francisco. Note different scale for syphilis cases.

Note: All statistics are provisional until the annual report is released for the year. Morbidity is based on date of diagnosis. Totals for past months may change due to delays in reporting from labs and providers.

Table 2. Selected STD cases and rates for San Francisco by age and race/ethnicity, 2001 through October only. Rates equal cases per 100,000 residents per year based on 1990 US Census data.

	(All races)		Asian/PI		African American		Hispanic		White	
	cases	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*
All ages										
Chlamydia	2,502	415	254	148	703	1,105	355	423	438	156
Gonorrhea	1,714	284	82	48	433	681	169	201	704	251
Early syphilis	146	24	8	5	23	36	28	33	78	28
Adolescent (under 20 yrs)										
Chlamydia	668	2267	60	497	287	6766	73	1193	36	525
Gonorrhea	159	540	6	50	89	2098	13	212	17	248
Early syphilis	1	3	0	0	0	0	1	16	0	0

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Editorial Note: *STD Prevention and Control Clinical Services in San Francisco:2000*

STD Prevention and Control Services supports a broad network of clinical services for the identification and management of STDs in San Francisco, and diagnostic testing at the Public Health laboratory uses the most up to date technology commercially available. During 2000, 17,262 visits were made to the municipal STD clinic, City Clinic, by 10,369 persons. In addition we supported chlamydia, gonorrhea and/or syphilis screening and diagnostic testing at an additional 27 screening sites. Screening sites included the health centers that are part of the Community Health Network, family planning clinics, teen clinics, student health centers, detention facilities and community outreach sites such as sex clubs and health fairs. Through the screening sites, screening and testing for chlamydia was performed on 16,176 women and 15,906 men. Gonorrhea screening and testing was performed on 15,906 women and 10,782 men. In addition, the sites screened 6,366 women and 7,118 men for syphilis. Including services provided at City Clinic, we performed a total of 37,339 tests for chlamydia and 1,789 (4.8%) were positive; 41,643 test for gonorrhea and 1,679 (4.0%) were positive; and 20,725 tests for syphilis to identify 95 syphilis infections of any stage. By identifying and treating STDs through a comprehensive program, we are striving to improve the sexual health of all San Franciscans.

On Friday, November 30, 2001, the *San Francisco Sexually Transmitted Disease Annual Summary, 2000* will be available on the Internet at www.dph.sf.ca.us. If you would like a printed copy, please request one from Leona Holbert at (415) 554-8450. *CKK*

Table 3. Patient visits at City Clinic, October, 2001.

	This year				Last year	
	this month		*year to date*		*this month*	*year to date*
(Total visits)	1,747	100%	15,663	100%	1,469	14,413
Gender						
women	406	23%	3,772	24%	387	3,526
gay/bi men	631	36%	5,375	34%	468	4,869
straight men	710	41%	6,516	42%	614	6,018
Race/ethnicity						
Asian/PI	183	10%	1,646	11%	152	1,359
African American	276	16%	2710	17%	259	2601
Hispanic	379	22%	3,295	21%	292	3,160
Native American	12	1%	91	1%	3	71
White	893	51%	7,867	50%	747	7,134
Age at visit						
under 20 years	78	4%	671	4%	51	567
20+ years	1,669	96%	14,992	96%	1,418	13,846
Reason for visit						
new problem	1287	74%	11,176	71%	1034	10,207
follow-up	460	26%	4,487	29%	435	4,206

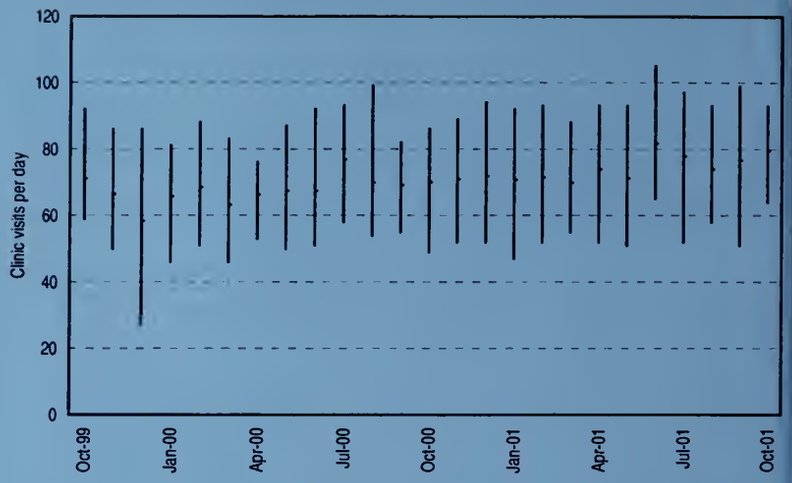

Figure 2. Average visits per day to City Clinic, with minimum and maximum for month.

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San Francisco Monthly STD Report

Data for November, 2001
Report prepared December 20, 2001

Table 1. STDs diagnosed among San Francisco residents, November, 2001.

	This year		Last year	
	this month	*year to date*	*this month*	*year to date*
Gonorrhea	126	1,860	159	1,998
Male rectal gonorrhea	17	209	18	182
Male gonococcal proctitis*	6	60	3	43
Chlamydia	199	2,736	254	2,848
Syphilis (adult total)	24	268	7	153
primary	7	43	0	17
secondary	10	71	2	34
(P&S subtotal)	*17*	*114*	*2*	*51*
early latent	7	53	3	16
(early subtotal)	*24*	*167*	*5*	*67*
unknown latent	0	8	1	6
late latent	0	93	1	80
Non-gonococcal urethritis	72	945	90	917
Pelvic inflammatory disease	0	33	2	50
Congenital syphilis	0	1	0	1
Chancroid	0	0	0	0
Adult Males Shigellosis	11	234	31	252
S. flexneri	3	41	2	47
S. sonnei	8	193	29	205

City Clinic patients only

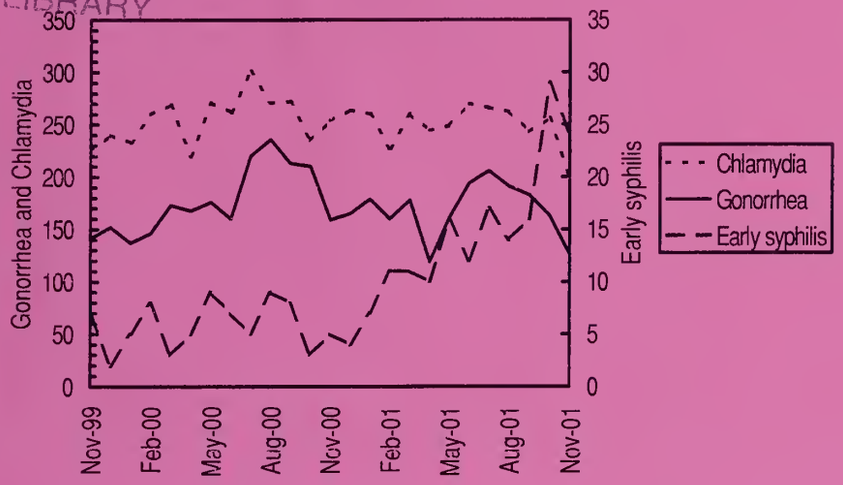

Figure 1. Monthly STD trends for San Francisco. Note different scale for syphilis cases.

Note: All statistics are provisional until the annual report is released for the year. Morbidity is based on date of diagnosis. Totals for past months may change due to delays in reporting from labs and providers.

Table 2. Selected STD cases and rates for San Francisco by age and race/ethnicity, 2001 through November only. Rates equal cases per 100,000 residents per year based on 2000 US Census data.

	(All races)		Asian/PI		African American		Hispanic		White	
	cases	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*
All ages										
Chlamydia	2,736	384.3	287	124.1	764	1300.9	388	386.5	494	159.0
Gonorrhea	1,860	261.2	92	39.8	483	822.4	190	189.3	766	246.6
Early syphilis	167	23.5	9	3.9	24	40.9	31	30.9	92	29.6
Adolescent (under 20 yrs)										
Chlamydia	714	1516.2	61	305.4	315	5219.0	74	728.7	41	403.2
Gonorrhea	171	363.1	6	30.0	100	1656.8	14	137.9	19	186.8
Early syphilis	1	2.1	0	0.0	0	0.0	1	9.9	0	0.0

***Editorial Note**: Trichomoniasis*

Trichomoniasis, an infection caused by the protozoan *Trichomonas vaginalis*, is almost always sexually transmitted. Infections with *T. vaginalis* are associated with adverse pregnancy outcomes, increased risk for HIV infection, and increased risk for other STDs. Many women do not have symptoms of infection, but if symptoms or signs occur they typically include itching; malodorous, frothy, gray or greenish discharge; and punctate hemorrhages on the cervix (strawberry cervix). In men, the infection is usually asymptomatic, but it can cause urethritis. Diagnosis of *T. vaginalis* infection is made by direct microscopy, culture or antigen detection. Initial treatment for trichomoniasis is metronidazole 2 grams orally in a single dose, which has a cure rate of 90-95%. If treatment failure occurs, the patient should be re-treated with metronidazole 500 mg twice a day for 7 days, and if this fails, treatment should be 2 grams of metronidazole once a day for 5 days. If the third treatment regimen fails, patients should be referred to San Francisco City Clinic for further evaluation and resistance testing, 356 7th Street between Folsom and Harrison (SOMA), 487-5500.

Persons with trichomoniasis should be evaluated for other STDs, including HIV. In order to prevent re-infection, all sex partners within the past 60 days should be examined, presumptively treated with metronidazole, and screened for other STDs. Providing patient-delivered therapy may be an option for partners unlikely to be examined. *CKK/JDK*

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San Francisco Monthly STD Report

Data for December, 2001
Report prepared January 17, 2002

Table 1. STDs diagnosed among San Francisco residents, December, 2001.

	This year		Last year	
	this month	*year to date*	*this month*	*year to date*
Gonorrhea	157	2,039	165	2,163
Male rectal gonorrhea	26	237	19	201
Male gonococcal proctitis*	6	66	6	49
Chlamydia	227	3,007	264	3,113
Syphilis (adult total)	24	300	6	163
primary	6	53	0	17
secondary	14	85	2	36
(P&S subtotal)	*20*	*138*	*2*	*53*
early latent	4	52	2	18
(early subtotal)	*24*	*190*	*4*	*71*
unknown latent	0	9	1	7
late latent	0	101	1	85
Non-gonococcal urethritis	86	1032	85	1,002
Pelvic inflammatory disease	3	36	2	52
Congenital syphilis	0	1	0	1
Chancroid	1	1	0	0
Adult Males Shigellosis	15	249	6	258
S. flexneri	5	46	3	50
S. sonnei	10	203	3	208

City Clinic patients only

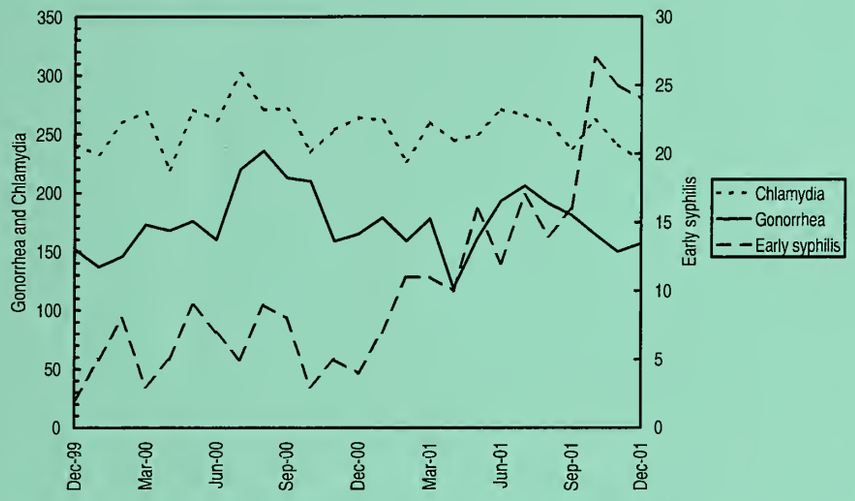

Figure 1. Monthly STD trends for San Francisco. Note different scale for syphilis cases.

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Table 2. Selected STD cases and rates for San Francisco by age and race/ethnicity, 2001 through December. Rates equal cases per 100,000 residents per year based on 2000 US Census data.

	(All races)		Asian/PI		African American		Hispanic		White	
	cases	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*
All ages										
Chlamydia	3,007	387.1	314	124.4	824	1286.1	423	386.3	558	164.7
Gonorrhea	2,039	262.5	106	42.0	521	813.2	211	192.7	842	248.4
Early syphilis	190	24.5	10	4.0	25	39.0	34	31.1	108	31.9
Adolescent (under 20 yrs)										
Chlamydia	764	1487.2	68	312.1	333	5057.5	77	695.0	47	423.7
Gonorrhea	187	364.0	7	32.1	107	1625.1	16	144.4	22	198.3
Early syphilis	3	5.8	0	0.0	0	0.0	2	18.1	1	9.0

Editorial Note: *Incidence of Primary and Secondary Syphilis among HIV Infected Men*

In 2001, there was a 160% increase of reported cases of primary and secondary (P&S) syphilis in San Francisco from the previous year. Ninety-eight percent of cases were among men and 64% were HIV infected. Based on surveillance data, we estimated the incidence of P&S syphilis among HIV infected men was 525.3 cases per 100,000. To validate this estimate, clinicians providing HIV care to men seen at 10 San Francisco Department of Public Health affiliated clinics were asked to order a serum VDRL assay with every test of quantitative HIV viral load (V_L), from 9/15 to 12/15/2001. Seroreactive VDRL tests were confirmed using TP-PA. We evaluated all persons with confirmed reactive VDRL tests for syphilis.

Of 1154 V_L submitted from the selected clinics, 532 (46.1%) were accompanied by VDRL serologies. Syphilis serology results were obtained on 429 men; two men had P&S syphilis. The annual incidence of P&S syphilis in this sample of HIV infected men was 1864.8 (95% CI 312 to 3,064) cases per 100,000. The rate of P&S syphilis in this sample of HIV infected men was extremely high. In San Francisco, HIV infected men are at high risk for infection with syphilis. Common presentations of syphilis are genital ulcers (usually painless), flu-like symptoms, swollen lymph nodes, and body rash. Recommended treatment is benzathine penicillin G. HIV infected men should be screened for syphilis by VDRL or RPR at least twice each year to identify latent infection, and to appropriately stage persons. By establishing a history of syphilis serologies, unnecessary lumbar punctures required for latent infections of unknown duration can be avoided. Preventative services targeting persons infected with HIV are essential. The Department of Public Health offers clinical guidelines entitled *STD Preventative Services in Persons Infected with HIV* available on the department website (www.dph.sf.ca.us/sfcityclinic).*WW*

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San Francisco Monthly STD Report

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Data for January, 2002
Report prepared February 28, 2002

Table 1. STDs diagnosed among San Francisco residents, January, 2002.

	This year		Last year	
	this month	*year to date*	*this month*	*year to date*
Gonorrhea	199	199	179	179
Male rectal gonorrhea	34	34	15	15
Male gonococcal proctitis*	13	13	6	6
Male pharyngeal gonorrhea	38	38	16	16
Chlamydia	306	306	264	264
Syphilis (adult total)	39	39	20	20
Primary & secondary	23	23	5	5
Total early (includes P&S)	32	32	7	7
Unknown latent	0	0	2	2
Late latent	7	7	11	11
Pelvic inflammatory disease	3	3	7	7
Congenital syphilis	0	0	0	0
Adult male shigellosis	14	14	28	28

** City Clinic patients only*

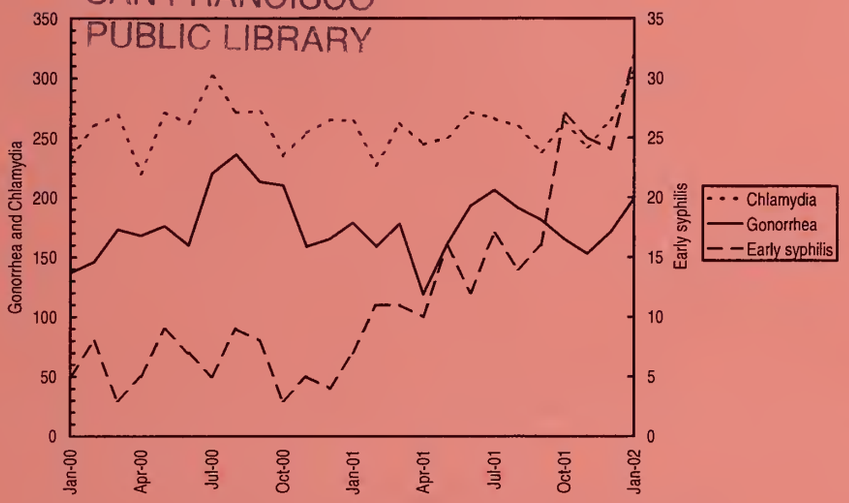

Figure 1. Monthly STD trends for San Francisco. Note different scale for syphilis cases.

Table 2. Confidential HIV testing among City Clinic patients, January, 2002.

	This year		Last year	
	this month	*year to date*	*this month*	*year to date*
Tests	221	221	421	421
Positives	9	9	7	7
Recent positives	N/A	N/A	N/A	N/A

Note: All statistics are provisional until the annual report is released for the year. Morbidity is based on date of diagnosis. Totals for past months may change due to delays in reporting from labs and providers.

Table 3. Selected STD cases and rates for San Francisco by age and race/ethnicity, January 2002 only. Rates equal cases per 100,000 residents per year based on 2000 US Census data.

	(All races)		Asian/PI		African American		Hispanic		White	
	cases	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*
All ages										
Chlamydia	306	472.8	35	166.4	83	1554.6	49	537.0	66	233.7
Gonorrhea	199	307.4	13	61.8	44	824.1	25	274.0	82	290.3
Early syphilis	32	49.4	3	14.3	3	56.2	4	43.8	16	56.7
Adolescent (under 20 yrs)										
Chlamydia	79	1845.4	4	220.3	37	6743.3	10	1083.1	9	973.5
Gonorrhea	27	630.7	1	55.1	15	2733.8	1	108.3	3	324.5
Early syphilis	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

Editorial Note:

In response to comments from our readers, we have revised the format and content of this monthly report. We have removed statistics on chancroid since (except for one case last December) we have not had a confirmed chancroid case in over six years. We have also removed NGU statistics; with the advances in chlamydia testing over the past five years, NGU totals are no longer necessary (or even useful) for estimating the amount of chlamydia among men.

Also, we have removed the statistics for individual stages of early syphilis, leaving only the subtotals for primary and secondary and for all early disease. Note that the primary and secondary totals are included in the early disease total, so the numbers in all rows no longer add up to the total adult syphilis numbers. We will continue to list the number of latent cases of unknown duration because (by definition) these are all younger patients with high titers, and are therefore likely to be infectious even though we cannot demonstrate that they were infected less than one year ago.

We have added a table showing HIV testing at City Clinic and the number of patients who tested positive. Since December 2001, patients have been offered a second test that shows HIV infections within the past six months if their HIV test is positive. HIV-positive patients who are also positive for the secondary test are listed in Table 2 as "recent positives."

We hope you find this new format to be less confusing and more informative. *CKK/RPK*

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San Francisco Monthly STD Report

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Data for February, 2002
Report prepared March 21, 2002

Table 1. STDs diagnosed among San Francisco residents, February, 2002.

	This year		Last year	
	this month	*year to date*	*this month*	*year to date*
Gonorrhea	139	345	159	338
Male rectal gonorrhea	20	54	16	31
Male gonococcal proctitis*	7	20	4	10
Male pharyngeal gonorrhea	28	67	16	32
Chlamydia	252	566	227	491
Syphilis (adult total)	43	82	18	38
Primary & secondary	23	47	7	12
Early latent	10	17	4	6
Unknown latent	1	1	1	3
Late latent	9	17	6	17
Pelvic inflammatory disease	3	6	4	11
Congenital syphilis	0	0	0	0
Adult male shigellosis	9	23	34	62

* *City Clinic patients only*

Table 2. Confidential HIV testing among City Clinic patients, February, 2002.

	This year		Last year	
	this month	*year to date*	*this month*	*year to date*
Tests	148	369	377	798
Positives	9	18	4	11
Recent positives	0	0	NA	NA

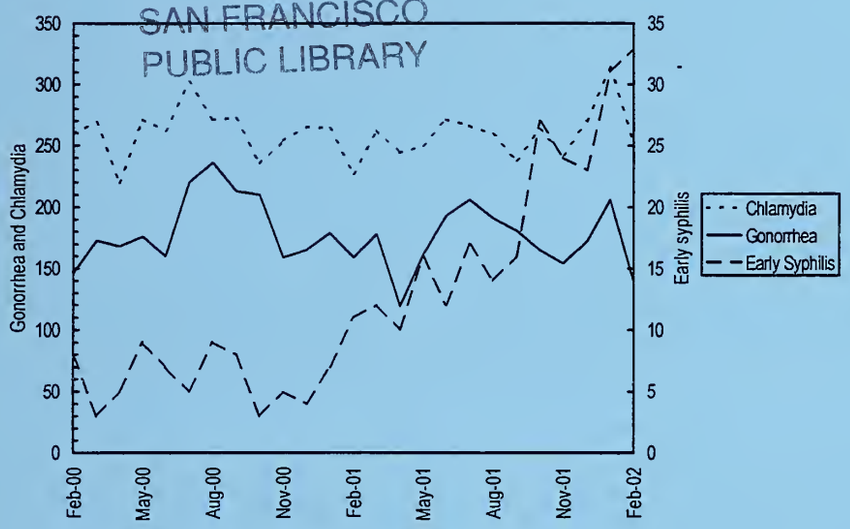

Figure 1. Monthly STD trends for San Francisco. Note different scale for syphilis cases.

Note: All statistics are provisional until the annual report is released for the year. Morbidity is based on date of diagnosis. Totals for past months may change due to delays in reporting from labs and providers.

Table 3. Selected STD cases and rates for San Francisco by age and race/ethnicity, 2002 through February only. Rates equal cases per 100,000 residents per year based on 2000 US Census data.

	(All races)		Asian/PI		African American		Hispanic		White	
	cases	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*
All ages										
Chlamydia	566	437.2	58	137.9	153	1432.8	93	509.6	106	187.7
Gonorrhea	345	266.5	18	42.8	90	842.8	41	224.7	135	239.0
Early syphilis	64	49.4	3	7.1	6	56.2	17	93.2	34	60.2
Adolescent (under 20 yrs)										
Chlamydia	149	1740.3	9	247.8	68	6196.6	20	1083.1	15	811.3
Gonorrhea	38	443.8	1	27.5	23	2095.9	1	54.2	3	162.3
Early syphilis	1	11.7	0	0.0	1	91.1	0	0.0	0	0.0

Editorial Note: Oral Sex and STDs – Information for Gay Men, Other Men Who Have Sex with Men (MSM) and Medical Providers

While HIV is rarely transmitted through oral sex, several other STDs (syphilis, gonorrhea, herpes and non-gonoccocal urethritis) often are. Some of the recent increase in gonorrhea and syphilis in MSM can be attributed to oral sex (penis–mouth/mouth–penis). Latex condoms are effective in preventing oral transmission of syphilis and gonorrhea, and flavored condoms are available. However, using condoms for oral sex presents a significant challenge for gay men and other MSM. If MSM choose not to use condoms for oral sex it is critical that they be screened for syphilis and gonorrhea every six months, because of recent increases of these infections in gay men. Publicly funded screening is available at the AIDS Health Project, NHOW van, and City Clinic among other sites. Throat, urethral (urine), and/or rectal screening should be based on sexual practices. Sexually active MSM should seek and request screening from medical providers. Medical providers should routinely take a sexual history and screen appropriately. Controlling STDs is essential for reducing the recent increases of HIV transmission within the gay and MSM community. Together the Department of Public Health and the gay and MSM communities can create effective screening, treatment and prevention programs. We share the responsibility and we share the mission; a physically, emotionally and mentally healthy gay and MSM community. *CKK/ST*

San Francisco Monthly STD Report

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Data for March, 2002
Report prepared April 18, 2002

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Table 1. STDs diagnosed among San Francisco residents, March, 2002.

	This year		Last year	
	this month	*year to date*	*this month*	*year to date*
Gonorrhea	175	529	178	516
Male rectal gonorrhea	24	78	20	51
Male gonococcal proctitis*	7	27	5	15
Male pharyngeal gonorrhea	33	101	17	49
Chlamydia	284	859	262	753
Syphilis (adult total)	53	134	12	50
Primary & secondary	26	74	11	23
Early latent	16	29	1	7
Unknown latent	0	1	0	3
Late latent	11	30	0	17
Pelvic inflammatory disease	4	10	2	13
Congenital syphilis	0	0	0	0
Adult male shigellosis	22	45	26	88

** City Clinic patients only*

Table 2. Confidential HIV testing among City Clinic patients, March, 2002.

	This year		Last year	
	this month	*year to date*	*this month*	*year to date*
Tests	186	560	349	1,147
Positives	9	27	11	22
Recent positives	0	7	0	0

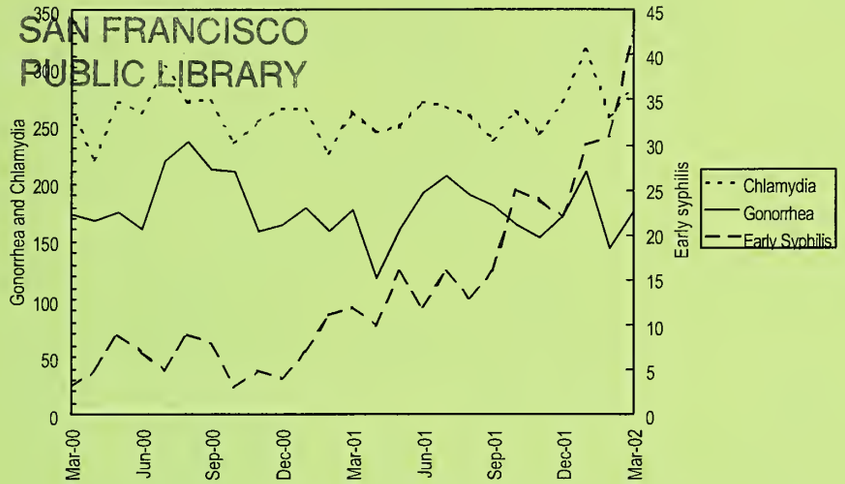

Figure 1. Monthly STD trends for San Francisco. Note different scale for syphilis cases.

Note: All statistics are provisional until the annual report is released for the year. Morbidity is based on date of diagnosis. Totals for past months may change due to delays in reporting from labs and providers.

Table 3. Selected STD cases and rates for San Francisco by age and race/ethnicity, 2002 through March only. Rates equal cases per 100,000 residents per year based on 2000 US Census data.

	(All races)		Asian/PI		African American		Hispanic		White	
	cases	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*
All ages										
Chlamydia	859	442.4	95	150.6	239	1492.1	128	467.6	154	181.8
Gonorrhea	529	272.4	26	41.2	131	817.9	57	208.2	210	247.9
Early syphilis	103	53.0	4	6.3	10	62.4	24	87.7	56	66.1
Adolescent (under 20 yrs)										
Chlamydia	220	1713.0	13	238.6	98	5953.6	30	1083.1	19	685.1
Gonorrhea	63	490.5	3	55.1	36	2187.0	1	36.1	4	144.2
Early syphilis	2	15.6	0	0.0	2	121.5	0	0.0	0	0.0

Editorial Note: Field Delivered Therapy for Individuals with Uncomplicated Chlamydial or Gonoccocal Infections

In March 1999, STD Prevention and Control Services implemented a novel STD treatment method, single dose, field delivered therapy (FDT) to individuals with uncomplicated chlamydia (CT) or gonorrhea (GC) and their partners. FDT is performed under the medical license of our program director and is offered to persons reluctant to return for treatment of CT or GC. Those who agree to FDT are met in the field by program staff. Staff obtain the client's written consent, provide information about the medication and potential complications, administer medication for CT (Azithromycin 1gm) and/or GC (Cefixime 400 mg), and perform STD and HIV risk reduction counseling. We also follow-up with partners and give them the option of FDT. After the implementation of FDT, there was a 31% increase in the proportion of persons treated who were assigned for treatment followup, from 62% (267/432) in 1998 to 81% (510/630) in 2000 (P<.01). From March 1999 through December 2001, 14% (254/1813) of clients followed-up for treatment received FDT. Since its inception, there have been no reported complications from FDT. FDT is feasible to implement and appears to be effective in enhancing treatment follow-up.

If San Francisco health care providers would like our assistance in providing STD treatment follow-up for their patients, please call (415) 487-5555. We will be happy to assist you. If you are interested in more details about FDT, please contact Kate Steiner at Kate.Steiner@sfdph.org. *CKK/KS*

San Francisco Monthly STD Report

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Data for April, 2002
Report prepared May 22, 2002

Table 1. STDs diagnosed among San Francisco residents, April, 2002.

	This year		Last year	
	this month	*year to date*	*this month*	*year to date*
Gonorrhea	222	749	119	635
Male rectal gonorrhea	26	105	19	70
Male gonococcal proctitis*	2	29	6	21
Male pharyngeal gonorrhea	45	147	17	66
Chlamydia	320	1,171	244	996
Syphilis (adult total)	46	183	18	69
Primary & secondary	22	96	7	30
Early latent	12	43	3	11
Unknown latent	2	4	1	4
Late latent	10	40	7	24
Pelvic inflammatory disease	2	12	4	17
Congenital syphilis	0	0	0	0
Adult male shigellosis	5	50	30	118

City Clinic patients only

Table 2. Confidential HIV testing among City Clinic patients, April, 2002.

	This year		Last year	
	this month	*year to date*	*this month*	*year to date*
Tests	232	828	416	1,571
Positives	10	39	6	28
Recent positives	5	13	NA	NA

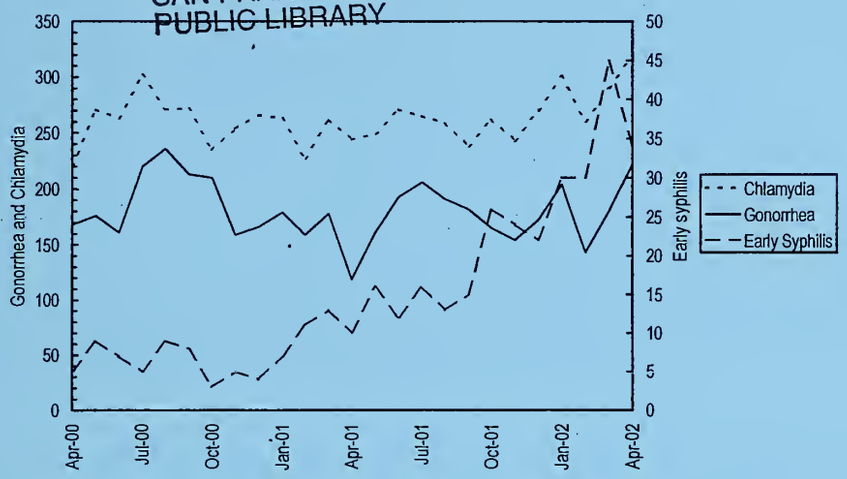

Figure 1. Monthly STD trends for San Francisco. Note different scale for syphilis cases.

Note: All statistics are provisional until the annual report is released for the year. Morbidity is based on date of diagnosis. Totals for past months may change due to delays in reporting from labs and providers.

Table 3. Selected STD cases and rates for San Francisco by age and race/ethnicity, 2002 through April only. Rates equal cases per 100,000 residents per year based on 2000 US Census data.

	(All races)		Asian/PI		African American		Hispanic		White	
	cases	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*
All ages										
Chlamydia	1,171	452.3	139	165.2	316	1479.6	173	474.0	208	184.1
Gonorrhea	749	289.3	41	48.7	187	875.6	85	232.9	290	256.7
Early syphilis	139	53.7	10	11.9	14	65.6	29	79.5	79	69.9
Adolescent (under 20 yrs)										
Chlamydia	310	1810.3	20	275.3	128	5832.1	40	1083.1	24	649.0
Gonorrhea	84	490.5	2	27.5	47	2141.5	3	81.2	4	108.2
Early syphilis	2	11.7	0	0.0	2	91.1	0	0.0	0	0.0

Editorial Note: 2002 CDC Sexually Transmitted Diseases Treatment Guidelines

New CDC STD Treatment Guidelines were published in May 2002. Below are key highlights from the guidelines.

- Women with chlamydia should be rescreened three to four months after treatment. Rescreening helps protect women from infertility.
- Fluoroquinolone antibiotics – ciprofloxacin, ofloxacin and levofloxacin – should not be used to treat gonorrhea in California because of increasing drug resistance. Cefixime and ceftriaxone are now recommended as first-line treatments.
- Sexually active gay and bisexual men should be screened annually for STDs – HIV, chlamydia (anal, urethral), syphilis and gonorrhea (anal, pharyngeal, urethral) – and vaccinated against hepatitis A and B. In San Francisco, we recommend screening twice per year, due to recent increases in STDs in gay and bisexual men.
- Alternative therapy for early syphilis – primary, secondary, early latent – single dose of 2 grams azithromycin. Because of limited efficacy data, close follow-up of persons receiving this therapy is recommended.

A two-page summary of treatment by infections and syndromes is available at www.dph.sf.ca.us/sfcityclinic. The full text of the guidelines can be accessed at www.cdc.gov/std. *CKK*

San Francisco Monthly STD Report

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Data for May, 2002
Report prepared June 20, 2002

Table 1. STDs diagnosed among San Francisco residents, May, 2002.

	This year		Last year	
	this month	*year to date*	*this month*	*year to date*
Gonorrhea	189	941	161	796
Male rectal gonorrhea	27	132	22	92
Male gonococcal proctitis*	7	36	7	28
Male pharyngeal gonorrhea	37	185	24	90
Chlamydia	232	1,406	249	1,245
Syphilis (adult total)	47	234	23	92
Primary & secondary	27	124	15	45
Early latent	14	56	1	12
Unknown latent	0	5	0	4
Late latent	6	49	7	31
Pelvic inflammatory disease	6	18	4	21
Congenital syphilis	0	0	1	1
Adult male shigellosis	9	59	32	150

* *City Clinic patients only*

Table 2. Confidential HIV testing among City Clinic patients, April, 2002.

	This year		Last year	
	this month	*year to date*	*this month*	*year to date*
Tests	212	1,040	428	1,999
Positives	11	50	9	37
Recent positives	5	18	0	0

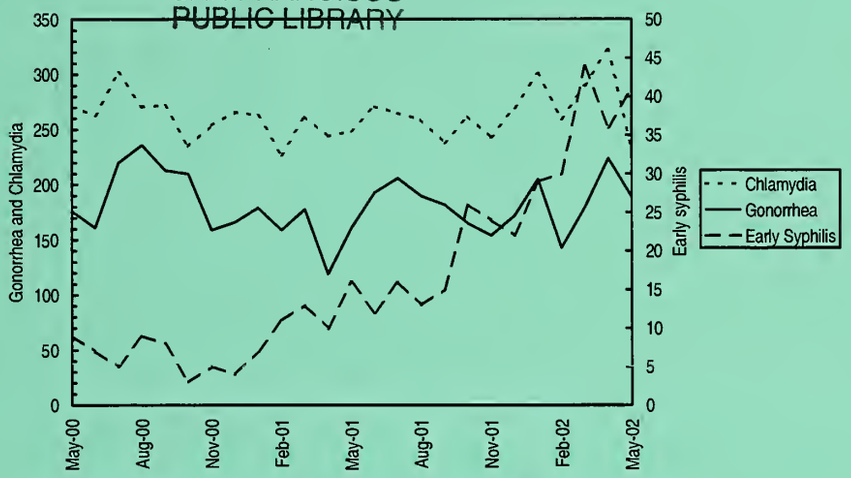

Figure 1. Monthly STD trends for San Francisco. Note different scale for syphilis cases.

Note: All statistics are provisional until the annual report is released for the year. Morbidity is based on date of diagnosis. Totals for past months may change due to delays in reporting from labs and providers.

Table 3. Selected STD cases and rates for San Francisco by age and race/ethnicity, 2002 through May only. Rates equal cases per 100,000 residents per year based on 2000 US Census data.

	(All races)		Asian/PI		African American		Hispanic		White	
	cases	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*
All ages										
Chlamydia	1,406	434.4	180	171.2	374	1401.0	203	444.9	253	179.2
Gonorrhea	941	290.8	54	51.4	231	865.3	112	245.5	366	259.2
Early syphilis	180	55.6	13	12.4	17	63.7	36	78.9	106	75.1
Adolescent (under 20 yrs)										
Chlamydia	367	1714.6	25	275.3	151	5504.0	46	996.5	29	627.4
Gonorrhea	96	448.5	2	22.0	56	2041.2	4	86.7	5	108.2
Early syphilis	2	9.3	0	0.0	2	72.9	0	0.0	0	0.0

Editorial Note: Bayview Hunters Point Chlamydia Reduction Project

The southeastern part of San Francisco has the highest rates of chlamydia, with more than 3% of adolescents (14-20 years) in the Bayview Hunters Point neighborhood having a reported case of chlamydia. Because not all sexually active adolescents have been screened for chlamydia, and thus their infections detected, the true prevalence of infection is likely much higher than 3%. In order to reduce the high rates of chlamydia in this neighborhood, San Francisco STD Prevention and Control Services' YUTHE Program in collaboration with Providence Foundation of San Francisco recently began extensive outreach and screening of young women and men, 14-24 years. During the first few weeks of the Bayview Hunters Point Chlamydia Reduction Project, 136 males and females were screened, and 6.6% had chlamydia: 6.3% of males and 7.1% of females. Our target is to screen 2500 young persons. By providing outreach, education, screening and field delivered treatment, we hope to dramatically reduce the burden of chlamydial infection in the southeastern portion of the city.

The Centers for Disease Control and Prevention recommends that all sexually active women younger than 25 years be screened for chlamydia. Only by screening for primarily asymptomatic chlamydial infections, will we be able to reduce the burden of pelvic inflammatory disease, ectopic pregnancy and infertility caused by these common infections. *CKK/JS*

San Francisco Monthly STD Report

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Data for June, 2002
Report prepared July 18, 2002

Table 1. STDs diagnosed among San Francisco residents, June, 2002.

	This year		Last year	
	this month	*year to date*	*this month*	*year to date*
Gonorrhea	159	1,106	193	991
Male rectal gonorrhea	23	156	20	112
Male gonococcal proctitis*	2	38	4	32
Male pharyngeal gonorrhea	40	225	34	124
Chlamydia	227	1,644	272	1,515
Syphilis (adult total)	50	285	22	114
Primary & secondary	31	153	8	53
Early latent	16	73	4	16
Unknown latent	0	5	1	5
Late latent	3	54	9	40
Pelvic inflammatory disease	0	18	4	25
Congenital syphilis	0	0	0	1
Adult male shigellosis	9	68	13	163

** City Clinic patients only*

Table 2. Confidential HIV testing among City Clinic patients, June, 2002.

	This year		Last year	
	this month	*year to date*	*this month*	*year to date*
Tests	171	1,211	480	2,479
Positives	5	55	9	46
Recent positives	0	18	0	0

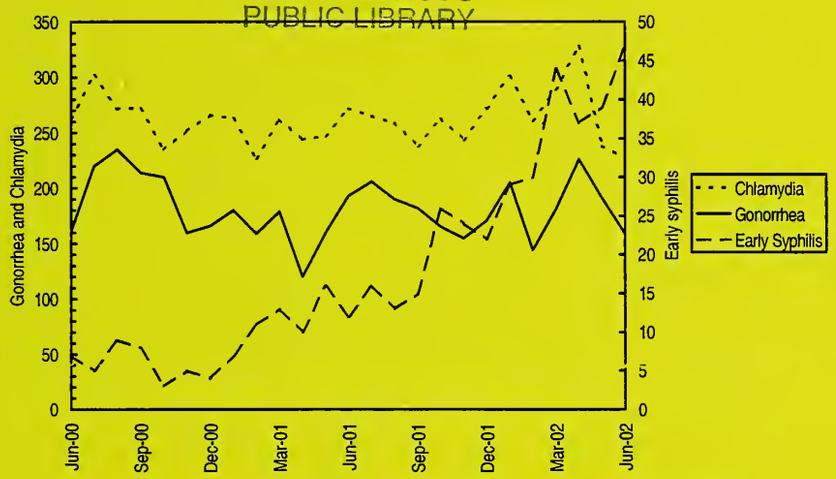

Figure 1. Monthly STD trends for San Francisco. Note different scale for syphilis cases.

Note: All statistics are provisional until the annual report is released for the year. Morbidity is based on date of diagnosis. Totals for past months may change due to delays in reporting from labs and providers.

Table 3. Selected STD cases and rates for San Francisco by age and race/ethnicity, 2002 through June only. Rates equal cases per 100,000 residents per year based on 2000 US Census data.

	(All races)		Asian/PI		African American		Hispanic		White	
	cases	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*
All ages										
Chlamydia	1,644	423.3	205	162.5	446	1392.2	243	443.8	318	187.7
Gonorrhea	1,106	284.8	63	49.9	271	846.0	128	233.8	447	263.8
Early syphilis	226	58.2	14	11.1	20	62.4	45	82.2	129	76.1
Adolescent (under 20 yrs)										
Chlamydia	424	1650.7	31	284.5	181	5497.9	52	938.7	35	631.0
Gonorrhea	107	416.6	3	27.5	64	1944.0	4	72.2	5	90.1
Early syphilis	2	7.8	0	0.0	2	60.8	0	0.0	0	0.0

Editorial Note: Syphilis testing

Common syphilis antibody tests include the RPR or the VDRL. Both of these are usually positive during syphilis infection. Rarely other conditions like infectious mononucleosis, lupus erythematosus or injection drug use can cause a positive test. If the RPR or VDRL test is positive, it must be confirmed with a more specific test called the TP-PA. There are very few conditions in the U.S. other than syphilis that produce a confirmed positive test (RPR+/TPPA+ or VDRL+/TPPA+).

The titer of the RPR or VDRL is the concentration of the antibody in the blood—the more antibody, the higher the titer. With syphilis treatment the titer of the RPR or VDRL declines with time and often returns to zero. The confirmatory test, the TPPA, however, remains positive for life. Sexually active persons with multiple partners, pregnant women, persons with STDs and those with HIV-infection should routinely get syphilis screening tests. While older literature suggested that syphilis tests in persons with HIV-infection were not accurate, more recent and better studies have failed to support this. Syphilis results are just as accurate in those with HIV infection as in those without. *JDK*

San Francisco Monthly STD Report

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Data for July, 2002
Report prepared August 21, 2002

Table 1. STDs diagnosed among San Francisco residents, July, 2002.

	This year		Last year	
	this month	*year to date*	*this month*	*year to date*
Gonorrhea	189	1,316	206	1,197
Male rectal gonorrhea	35	196	20	132
Male gonococcal proctitis*	4	42	6	38
Male pharyngeal gonorrhea	38	268	35	159
Chlamydia	279	1,968	265	1,780
Syphilis (adult total)	62	348	20	134
Primary & secondary	33	186	12	65
Early latent	21	94	4	20
Unknown latent	0	5	0	5
Late latent	8	63	4	44
Pelvic inflammatory disease	2	20	3	28
Congenital syphilis	0	0	0	1
Adult male shigellosis	9	68	13	163

* *City Clinic patients only*

Table 2. Confidential HIV testing among City Clinic patients, July, 2002.

	This year		Last year	
	this month	*year to date*	*this month*	*year to date*
Tests	245	1,459	442	2,921
Positives	4	59	9	55
Recent positives	2	20	NA	NA

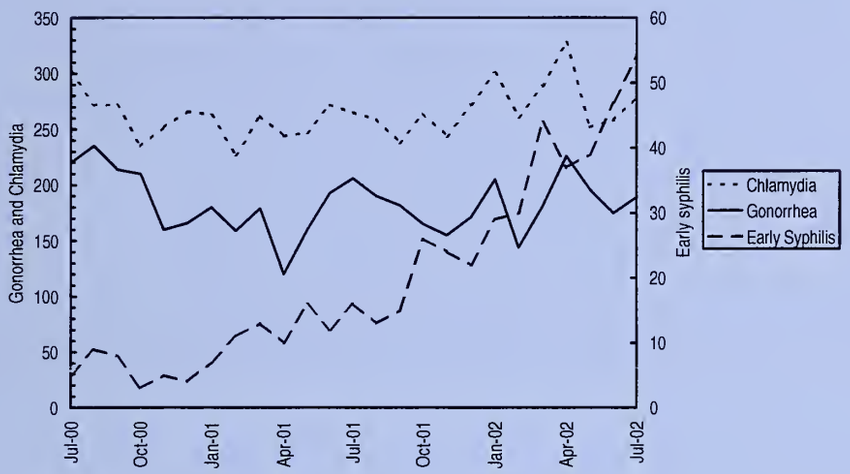

Figure 1. Monthly STD trends for San Francisco. Note different scale for syphilis cases.

Note: All statistics are provisional until the annual report is released for the year. Morbidity is based on date of diagnosis. Totals for past months may change due to delays in reporting from labs and providers.

Table 3. Selected STD cases and rates for San Francisco by age and race/ethnicity, 2002 through July only. Rates equal cases per 100,000 residents per year based on 2000 US Census data.

	(All races)		Asian/PI		African American		Hispanic		White	
	cases	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*
All ages										
Chlamydia	1,968	434.4	246	167.1	520	1391.3	305	477.5	396	200.3
Gonorrhea	1,316	290.5	74	50.3	312	834.8	153	239.5	550	278.2
Early syphilis	280	61.8	17	11.6	23	61.5	61	95.5	172	87.0
Adolescent (under 20 yrs)										
Chlamydia	503	1678.5	38	298.9	204	5311.3	68	1052.2	45	695.4
Gonorrhea	118	393.8	3	23.6	72	1874.6	4	61.9	8	123.6
Early syphilis	3	10.0	0	0.0	2	52.1	1	15.5	0	0.0

Editorial Note: Recent HIV infections among men who have sex with men tested at City Clinic

In January of this year, we began including statistics from HIV testing at City Clinic, including the number of persons with recent infection (Table 2). Recent infections are identified using the serologic testing for recent HIV seroconversion (STARHS) algorithm. This methodology distinguishes HIV-infected persons as having recent (seroconversion, on average, in the past 170 days) or longstanding infection. The STARHS methodology was evaluated at City Clinic in 1999 and became routinely available at the clinic in December 2001.

Persons testing HIV positive at the clinic are significantly more likely to be men who have sex with men (MSM) than other patients. We compared STARHS testing data of MSM for the same time period in 1999 and 2002 (January-July). In 1999 there were 11 HIV recent infections, while this year there have been 20. Since 1999, there has been a 44% increase in the number of MSM seeking STD and HIV testing services, compared to a 91% increase in recent infections. Among the 20 MSM with recent HIV infection, 70% were white, 20% Hispanic, and 10% Asian. The mean age of recent seroconverters was 36 years (range 22 – 57 years).

Data from City Clinic suggest increases in the incidence of HIV among MSM, which is consistent with other data on sexual risk behavior, sexually transmitted diseases, and HIV incidence in San Francisco. For example, surrogate markers for HIV incidence, rectal gonorrhea and symptomatic syphilis (primary and secondary), have also been increasing since 1999. *CKK/WMcF*

San Francisco Monthly STD Report

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Data for August, 2002
Report prepared September 19, 2002

Table 1. STDs diagnosed among San Francisco residents, August, 2002.

	This year		Last year	
	this month	*year to date*	*this month*	*year to date*
Gonorrhea	188	1,513	190	1,387
Male rectal gonorrhea	28	224	21	153
Male gonococcal proctitis*	3	45	6	44
Male pharyngeal gonorrhea	33	302	21	180
Chlamydia	309	2,297	259	2,039
Syphilis (adult total)	50	403	26	160
Primary & secondary	30	217	10	75
Early latent	17	114	3	23
Unknown latent	0	5	0	5
Late latent	3	67	13	57
Pelvic inflammatory disease	0	21	2	30
Congenital syphilis	0	0	0	1
Adult male shigellosis	16	94	12	197

* *City Clinic patients only*

Table 2. Confidential HIV testing among City Clinic patients, August, 2002.

	This year		Last year	
	this month	*year to date*	*this month*	*year to date*
Tests	158	1,617	470	3,391
Positives	6	65	6	61
Recent positives	2	22	n/a	n/a

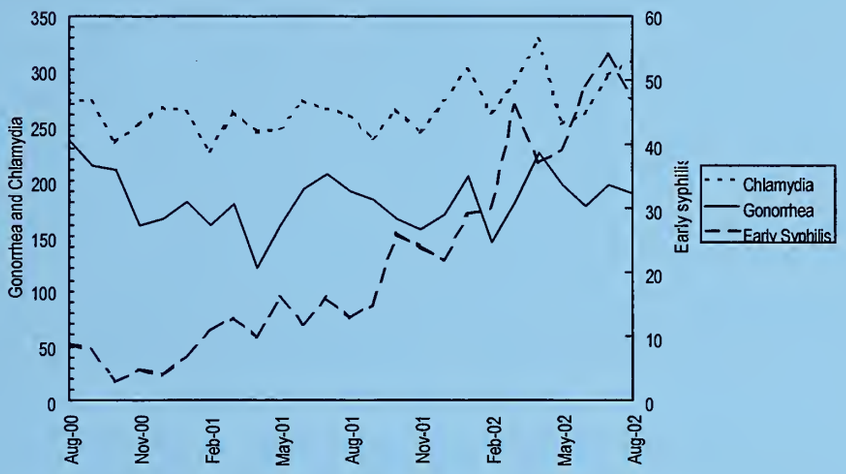

Figure 1. Monthly STD trends for San Francisco. Note different scale for syphilis cases.

Note: All statistics are provisional until the annual report is released for the year. Morbidity is based on date of diagnosis. Totals for past months may change due to delays in reporting from labs and providers.

Table 3. Selected STD cases and rates for San Francisco by age and race/ethnicity, 2002 through August only. Rates equal cases per 100,000 residents per year based on 2000 US Census data.

	(All races)		Asian/PI		African American		Hispanic		White	
	cases	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*
All ages										
Chlamydia	2,297	443.6	296	175.9	593	1388.3	361	494.5	465	205.8
Gonorrhea	1,513	292.2	85	50.5	358	838.2	179	245.2	636	281.5
Early syphilis	331	63.9	21	12.5	27	63.2	70	95.9	202	89.4
Adolescent (under 20 yrs)										
Chlamydia	584	1705.2	44	302.9	230	5239.7	80	1083.1	58	784.2
Gonorrhea	138	402.9	5	34.4	82	1868.1	6	81.2	13	175.8
Early syphilis	3	8.8	0	0.0	2	45.6	1	13.5	0	0.0

Editorial Note: Recognizing Syphilis Symptoms

More than 90% of early syphilis cases are among gay and bisexual men. Knowledge about syphilis symptoms is low in this community. Increasing symptom recognition enhances the likelihood that persons will seek medical care, which is critical for controlling the epidemic. To facilitate symptom recognition, below is a brief description of key symptoms.

Initially, persons may have a *painless ulcer(s)* at the site of infection (genitals, mouth or anus) that resolve within a few weeks. The infection then disseminates and may cause *systemic symptoms* such as headache, fever, chills, malaise, and generalized lymph node enlargement. More specific symptoms at this stage of disease include a reddish, non-itchy *rash* on the torso and extremities, including the palms of the hands and soles of the feet; *mucous patches* (small, painless, white or gray patches in the mouth or other mucosal surfaces; and *condylomata lata* (fleshy raised lesions found in warm moist areas such as the peri-anal area). If syphilis is allowed to progress without treatment, irreversible damage to the brain, nerves and body tissues can occur. Because not all persons have symptoms nor recognize symptoms, routine syphilis screening is a key component of timely recognition of infection. Patient information and clinical images of syphilis are available at www.dph.sf.ca.us/sfcityclinic. *WW/CKK*

San Francisco Monthly STD Report

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Data for September, 2002
Report prepared October 18, 2002

Table 1. STDs diagnosed among San Francisco residents, September, 2002.

	This year		Last year	
	this month	*year to date*	*this month*	*year to date*
Gonorrhea	173	1,689	182	1,570
Male rectal gonorrhea	18	242	20	173
Male gonococcal proctitis*	5	50	6	50
Male pharyngeal gonorrhea	26	328	25	206
Chlamydia	258	2,566	238	2,277
Syphilis (adult total)	45	448	24	184
Primary & secondary	29	249	9	84
Early latent	14	124	6	29
Unknown latent	0	5	0	5
Late latent	2	70	9	66
Pelvic inflammatory disease	7	28	2	32
Congenital syphilis	0	0	0	1
Adult male shigellosis	*N/A*	*N/A*	*N/A*	*N/A*

** City Clinic patients only*

Table 2. Confidential HIV testing among City Clinic patients, September, 2002.

	This year		Last year	
	this month	*year to date*	*this month*	*year to date*
Tests	221	1,884	369	3,760
Positives	9	73	7	68
Recent positives	2	22	*N/A*	*N/A*

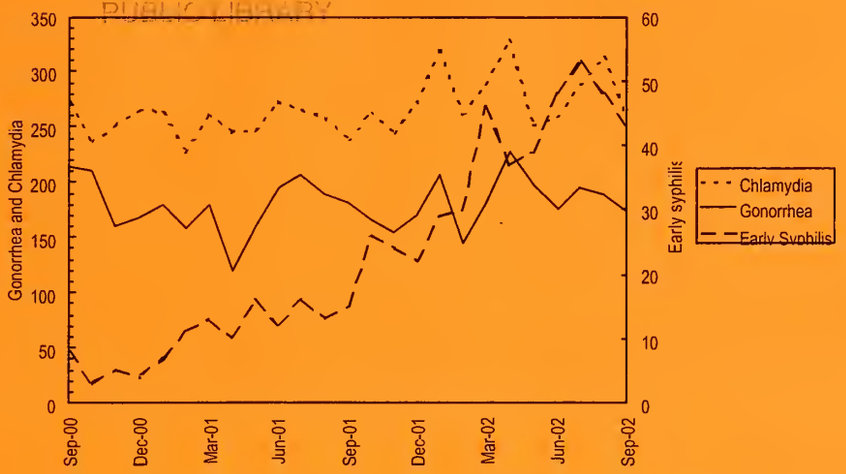

Figure 1. Monthly STD trends for San Francisco. Note different scale for syphilis cases.

Note: All statistics are provisional until the annual report is released for the year. Morbidity is based on date of diagnosis. Totals for past months may change due to delays in reporting from labs and providers.

Table 3. Selected STD cases and rates for San Francisco by age and race/ethnicity, 2002 through September only. Rates equal cases per 100,000 residents per year based on 2000 US Census data.

	(All races)		Asian/PI		African American		Hispanic		White	
	cases	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*
All ages										
Chlamydia	2,566	440.5	330	174.4	670	1394.3	404	491.9	522	205.4
Gonorrhea	1,689	289.9	94	49.7	411	855.3	200	243.5	701	275.8
Early syphilis	373	64.0	26	13.7	29	60.4	75	91.3	228	89.7
Adolescent (under 20 yrs)										
Chlamydia	656	1702.6	51	312.1	261	5285.3	100	1203.5	62	745.2
Gonorrhea	158	410.1	5	30.6	95	1923.8	9	108.3	15	180.3
Early syphilis	5	13.0	0	0.0	2	40.5	2	24.1	0	0.0

Editorial Note: Use of Azithromycin Prophylaxis for Sex Partners and Social Contacts of Syphilis Cases

The number of new syphilis cases continues to increase among gay and bisexual men in San Francisco. Among the 302 early syphilis cases reported among gay men through September of this year: 69% were HIV positive, 60% had 5 or more recent sexual partners, 46% met new sexual partners in sex clubs, bathhouses, adult bookstores, or on the Internet, and 25% reported recent methamphetamine use.

The San Francisco Department of Public Health has expanded the use of azithromycin as preventative treatment for persons at increased risk for syphilis infection. Azithromycin 1gm, as a single dose antibiotic taken by mouth, is safe and effective in preventing syphilis infection among persons exposed to syphilis through sexual contact (Ann Intern Med 1999;131:434-7). Since sex partners and social contacts of persons diagnosed with syphilis may be at increased risk for syphilis, syphilis patients are being offered azithromycin packets to give to: 1) recent sexual partners and 2) close social contacts who meet sex partners in public or private sex venues, on the internet, or use methamphetamine. Persons diagnosed and treated for syphilis should be reminded not to resume sexual activity with recent partners who may not have been treated. It is imperative that physicians and key leaders in the community educate others about this enhanced partner treatment effort to control the syphilis epidemic and work with others to assure acceptance of azithromycin packets and distribution to sexual contacts and other persons at risk. For more information, please see http://www.dph.sf.ca.us/sfcityclinic/azithro.html. *JDK/CKK*

San Francisco Monthly STD Report

Data for October, 2002
Report prepared November 25, 2002

Table 1. STDs diagnosed among San Francisco residents, October, 2002.

	This year		Last year	
	this month	*year to date*	*this month*	*year to date*
Gonorrhea	161	1,848	165	1,736
Male rectal gonorrhea	25	268	20	193
Male gonococcal proctitis*	2	52	4	54
Male pharyngeal gonorrhea	42	369	25	231
Chlamydia	271	2,844	264	2,541
Syphilis (adult total)	55	506	42	226
Primary & secondary	28	276	18	102
Early latent	16	140	8	37
Unknown latent	0	5	1	6
Late latent	11	85	15	81
Pelvic inflammatory disease	1	29	1	33
Congenital syphilis	0	0	0	1
Adult male shigellosis	11	115	9	119

** City Clinic patients only*

Table 2. Confidential HIV testing among City Clinic patients, October, 2002.

	This year		Last year	
	this month	*year to date*	*this month*	*year to date*
Tests	193	2,077	468	4,228
Positives	12	85	6	74
Recent positives	3	25	*N/A*	*N/A*

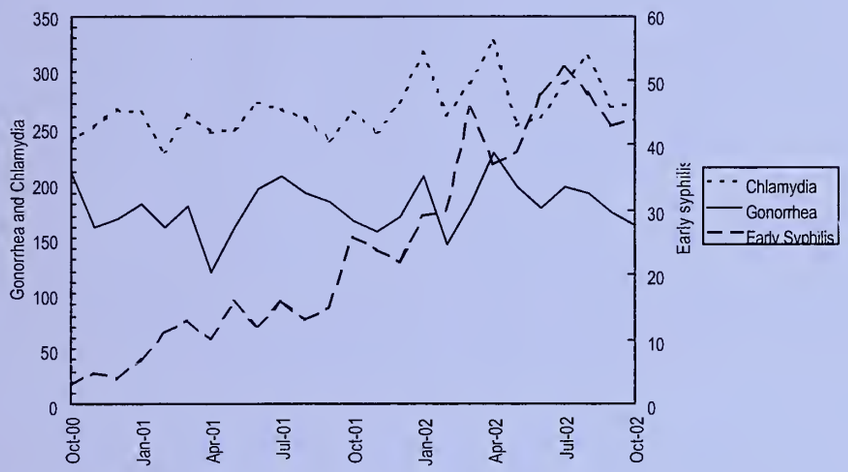

Figure 1. Monthly STD trends for San Francisco. Note different scale for syphilis cases.

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Note: All statistics are provisional until the annual report is released for the year. Morbidity is based on date of diagnosis. Totals for past months may change due to delays in reporting from labs and providers.

Table 3. Selected STD cases and rates for San Francisco by age and race/ethnicity, 2002 through October only. Rates equal cases per 100,000 residents per year based on 2000 US Census data.

	(All races)		Asian/PI		African American		Hispanic		White	
	cases	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*
All ages										
Chlamydia	2,844	439.4	360	171.2	746	1397.2	452	495.3	576	204.0
Gonorrhea	1,848	285.5	104	49.5	440	824.1	215	235.6	784	277.6
Early syphilis	416	64.3	31	14.7	34	63.7	80	87.7	256	90.6
Adolescent (under 20 yrs)										
Chlamydia	719	1679.5	58	319.4	289	5267.1	113	1223.9	64	692.3
Gonorrhea	169	394.8	5	27.5	100	1822.5	10	108.3	15	162.3
Early syphilis	6	14.0	0	0.0	2	36.5	3	32.5	1	10.8

Editorial Note: Nonoxynol 9 – Important information update

Nonoxynol 9 (N-9), a spermicide originally produced to prevent pregnancy, was believed in the 1990's to offer some protection against HIV infection. Many manufacturers of condoms and lubricants used N-9 in their products to decrease HIV transmission. Recent studies show that Nonoxynol 9 does not reduce HIV transmission. In fact, it may increase the risk of HIV transmission through abrasions and damage to epithelial cells. (See World Health Organization/CONROD Technical Consultation on Nonnoxynol-9, Geneva, October 9-10, 2001.)

Condom or lubricants with N-9 should not be used for HIV prevention. Please advise patients of the following:

- Do not buy any condoms or lubricant with N-9.
- Get rid of any condoms that have N-9 as an ingredient.
- Read the labels.

However, if the only available condom has N-9, it is better to use that condom that no condom. In San Francisco condoms are available in pharmacy and variety stores and are available for free at bars, clubs, the LGBT Community Center and the CHN Health Centers and Clinics of the DPH. For more information, please call the HIV Prevention team at (415) 554-9000. *ST*

San Francisco Monthly STD Report

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Data for November, 2002
Report prepared December 20, 2002

Table 1. STDs diagnosed among San Francisco residents, November, 2002.

	This year		Last year	
	this month	*year to date*	*this month*	*year to date*
Gonorrhea	143	1,993	155	1,893
Male rectal gonorrhea	16	284	19	212
Male gonococcal proctitis*	1	53	6	60
Male pharyngeal gonorrhea	33	402	30	261
Chlamydia	273	3,132	243	2,786
Syphilis (adult total)	42	548	41	268
Primary & secondary	23	299	18	121
Early latent	17	157	6	43
Unknown latent	0	5	0	6
Late latent	2	87	17	98
Pelvic inflammatory disease	1	30	0	33
Congenital syphilis	0	0	0	1
Adult male shigellosis	9	124	11	130

** City Clinic patients only*

Table 2. Confidential HIV testing among City Clinic patients, November, 2002.

	This year		Last year	
	this month	*year to date*	*this month*	*year to date*
Tests	168	2,245	385	4,613
Positives	6	91	6	80
Recent positives	1	26	*N/A*	*N/A*

Figure 1. Monthly STD trends for San Francisco. Note different scale for syphilis cases.

Note: All statistics are provisional until the annual report is released for the year. Morbidity is based on date of diagnosis. Totals for past months may change due to delays in reporting from labs and providers.

Table 3. Selected STD cases and rates for San Francisco by age and race/ethnicity, 2002 through November only. Rates equal cases per 100,000 residents per year based on 2000 US Census data.

	(All races)		Asian/PI		African American		Hispanic		White	
	cases	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*
All ages										
Chlamydia	3,132	439.9	405	175.1	816	1389.4	501	499.1	638	205.4
Gonorrhea	1,993	279.9	118	51.0	470	800.3	234	233.1	847	272.6
Early syphilis	456	64.0	34	14.7	36	61.3	85	84.7	281	90.5
Adolescent (under 20 yrs)										
Chlamydia	788	1673.4	64	320.4	319	5285.3	126	1240.7	71	698.2
Gonorrhea	182	386.5	5	25.0	107	1772.8	11	108.3	17	167.2
Early syphilis	8	17.0	0	0.0	2	33.1	5	49.2	1	9.8

Editorial Note: Early Evaluation of Healthy Penis 2002 Campaign

The Healthy Penis 2002 campaign was developed to increase awareness about syphilis among gay and bisexual men and to encourage gay/bisexual men to "get tested" for syphilis. The campaign was launched during Gay Pride week at the end of June, and runs through the end of December.

As one component of evaluation of the campaign, gay and bisexual men were surveyed briefly at sex clubs and on the street between November 15 and December 6, 2002. Five months after the campaign began, 89% of the men surveyed had seen the campaign. Men who had seen the campaign were significantly more likely to be aware of the increases in syphilis among gay/bisexual men (93% among those who had seen it compared to 43% among those who had not seen campaign $p<.01$). In addition, gay/bisexual men who had seen the campaign were significantly more likely to have been tested recently for syphilis compared to men who had not seen the campaign (53% and 21%, respectively, $p=.03$). Men who had seen the campaign, said that the campaign made them want to do the following: 49% get tested for syphilis, 46% wear a condom, and 30% get tested for HIV.

Our preliminary data suggest that the Healthy Penis campaign has been successful in increasing awareness and encouraging gay/bisexual men to get tested for syphilis. Please see http://www.healthypenis2002.org/ for more information about the campaign. *CKK/KS*

San Francisco Monthly STD Report

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Data for December, 2002
Report prepared January 23, 2003

Table 1. STDs diagnosed among San Francisco residents, December, 2002.

	This year		Last year	
	this month	*year to date*	*this month*	*year to date*
Gonorrhea	152	2,148	170	2,061
Male rectal gonorrhea	24	308	25	237
Male gonococcal proctitis*	4	57	6	66
Male pharyngeal gonorrhea	38	441	32	293
Chlamydia	232	3,372	272	3,056
Syphilis (adult total)	47	595	32	299
Primary & secondary	19	318	18	138
Early latent	22	179	4	47
Unknown latent	0	5	0	6
Late latent	6	93	10	108
Pelvic inflammatory disease	5	35	3	36
Congenital syphilis	0	0	0	1
Adult male shigellosis	7	131	6	136

** City Clinic patients only*

Table 2. Confidential HIV testing among City Clinic patients, December, 2002.

	This year		Last year	
	this month	*year to date*	*this month*	*year to date*
Tests	174	2,419	312	4,925
Positives	8	99	8	88
Recent positives	5	31	*N/A*	*N/A*

Figure 1. Monthly STD trends for San Francisco. Note different scale for syphilis cases.

Note: All statistics are provisional until the annual report is released for the year. Morbidity is based on date of diagnosis. Totals for past months may change due to delays in reporting from labs and providers.

Table 3. Selected STD cases and rates for San Francisco by age and race/ethnicity, 2002 through December. Rates equal cases per 100,000 residents per year based on 2000 US Census data.

	(All races)		Asian/PI		African American		Hispanic		White	
	cases	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*
All ages										
Chlamydia	3,372	434.1	431	170.8	881	1375.1	537	490.4	691	203.9
Gonorrhea	2,148	276.5	130	51.5	500	780.4	252	230.1	925	272.9
Early syphilis	497	64.0	36	14.3	41	64.0	91	83.1	305	90.0
Adolescent (under 20 yrs)										
Chlamydia	849	1652.7	72	330.4	343	5209.4	139	1254.6	75	676.0
Gonorrhea	198	385.4	6	27.5	116	1761.8	12	108.3	20	180.3
Early syphilis	9	17.5	0	0.0	3	45.6	5	45.1	1	9.0

Editorial Note: Behavioral factors associated with rectal gonorrhea in gay and bisexual men

Rectal gonorrhea (RGC) in men has been increasing in San Francisco since 1995. To determine behavioral risk factors associated with RGC, we conducted a cross-sectional survey at the municipal STD clinic, City Clinic. All men seen at the clinic reporting receptive anal sex in the last six months are screened for RGC, regardless of reported condom use. We surveyed a convenience sample of men screened for RGC about recent sexual and drug use behavior during 2000.

Data were available for 564 men and 7.1% had RGC. HIV positive men were significantly more likely (RR 3.5 95% CI 1.8–6.8) to have RGC than HIV negative or unknown serostatus men. Significant differences in behavioral risks for RGC infection were found by HIV serostatus. HIV positive men engaging in anonymous sex, particularly with partners met at bathhouses and over the Internet, were at highest risk for RGC infection. In contrast, we found that drug use during anal sex, in particular non-injection drug use, was the strongest risk factor for RGC infection among HIV negative or unknown HIV status men.

Differences in behavioral risks should be considered to effectively guide targeted prevention of new HIV and STD infections among gay and bisexual men in San Francisco. These data also highlight the need for effective STD prevention and control in HIV positive gay and bisexual men. *CKK/JK*

San Francisco Monthly STD Report

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Data for January, 2003
Report prepared February 20, 2003

Table 1. STDs diagnosed among San Francisco residents, January, 2003.

	This year		Last year	
	this month	*year to date*	*this month*	*year to date*
Gonorrhea	158	158	206	206
Male rectal gonorrhea	16	16	34	34
Male gonococcal proctitis*	2	2	13	13
Male pharyngeal gonorrhea	43	43	40	40
Chlamydia	278	278	318	318
Syphilis (adult total)	68	68	38	38
Primary & secondary	38	38	23	23
Early latent	23	23	6	6
Unknown latent	1	1	0	0
Late latent	6	6	9	9
Pelvic inflammatory disease	5	5	3	3
Congenital syphilis	0	0	0	0
Adult male shigellosis	*N/A*	*N/A*	*N/A*	*N/A*

** City Clinic patients only*

Table 2. Confidential HIV testing among City Clinic patients, January, 2003.

	This year		Last year	
	this month	*year to date*	*this month*	*year to date*
Tests	240	240	229	229
Positives	14	14	9	9
Recent positives	3	3	4	4

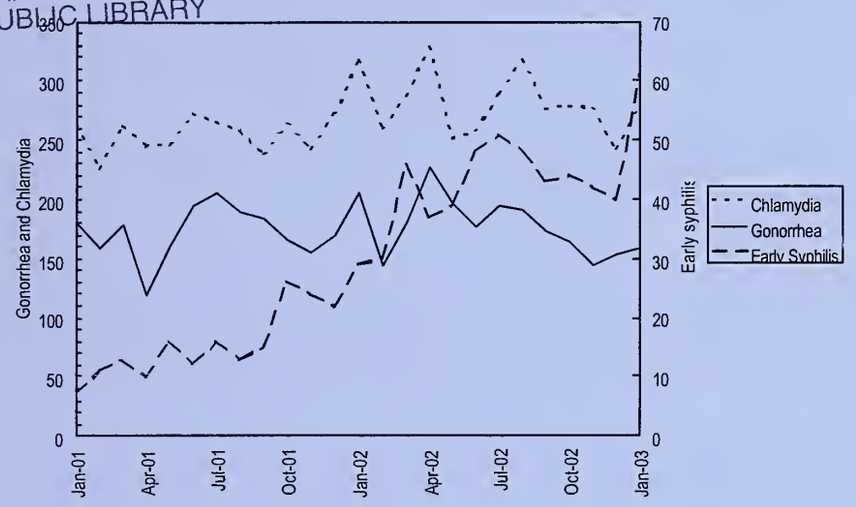

Figure 1. Monthly STD trends for San Francisco. Note different scale for syphilis cases.

Note: All statistics are provisional until the annual report is released for the year. Morbidity is based on date of diagnosis. Totals for past months may change due to delays in reporting from labs and providers.

Table 3. Selected STD cases and rates for San Francisco by age and race/ethnicity, January 2003 only. Rates equal cases per 100,000 residents per year based on 2000 US Census data.

	(All races)		Asian/PI		African American		Hispanic		White	
	cases	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*
All ages										
Chlamydia	278	429.5	39	185.4	61	1142.5	58	635.6	62	219.5
Gonorrhea	158	244.1	10	47.6	28	524.4	15	164.4	86	304.5
Early syphilis	61	94.2	4	19.0	4	74.9	12	131.5	36	127.5
Adolescent (under 20 yrs)										
Chlamydia	50	1168.0	4	220.3	22	4009.5	12	1299.8	4	432.7
Gonorrhea	11	257.0	0	0.0	9	1640.3	1	108.3	1	108.2
Early syphilis	2	46.7	0	0.0	0	0.0	2	216.6	0	0.0

Editorial Note: Neurosyphilis – San Francisco, 2002

In 2002, there was a 169% increase in the number of early syphilis cases in San Francisco compared to 2001. Neurosyphilis is a serious complication of syphilis infection, and can include vision or hearing loss, meningitis, or stroke. In advanced disease, neurosyphilis can cause dementia and permanent injury to the brain and spinal cord. Treatment for neurosyphilis is two weeks of intravenous penicillin followed by intramuscular penicillin once a week for three weeks.

In 2002, 14 patients with neurosyphilis were identified. The median age was 40 years, all were male, 10 (71%) were white, and 13 (93%) self-identified as gay. Eleven (77%) were HIV-infected. Common presenting symptoms were visual changes (50%), headache (43%), hearing loss (29%), ringing in the ears (29%), and photophobia (29%). All patients were treated with antibiotics; however, three (21%) had residual neurological symptoms at the end of antibiotic treatment, including blindness and loss of hearing.

Medical providers should evaluate all patients with syphilis for signs or symptoms of neurosyphilis. Gay/bisexual men should be screened for syphilis at least every six months. More frequent screening is recommended for gay/bisexual men who have multiple sexual partners, who meet partners at commercial sex venues (sex clubs, bathhouses, or adult bookstores), on the Internet, or who use methamphetamines. If you have any questions about neurosyphilis, please contact Dr. Will Wong at 415-554-8469. *WW/CKK*

San Francisco Monthly STD Report

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Data for February, 2003
Report prepared March 19, 2003

Table 1. STDs diagnosed among San Francisco residents, February, 2003.

	This year		Last year	
	this month	*year to date*	*this month*	*year to date*
Gonorrhea	108	268	143	349
Male rectal gonorrhea	25	40	20	54
Male gonococcal proctitis*	3	5	7	20
Male pharyngeal gonorrhea	27	70	30	70
Chlamydia	216	503	259	575
Syphilis (adult total)	51	121	42	80
Primary & secondary	23	63	23	46
Early latent	16	38	7	13
Unknown latent	0	1	1	1
Late latent	12	19	11	20
Pelvic inflammatory disease	3	8	3	6
Congenital syphilis	0	0	0	0
Adult male shigellosis	10	25	9	24

City Clinic patients only

Table 2. Confidential HIV testing among City Clinic patients, February, 2003.

	This year		Last year	
	this month	*year to date*	*this month*	*year to date*
Tests	190	430	174	403
Positives	8	22	10	19
Recent positives	4	7	4	8

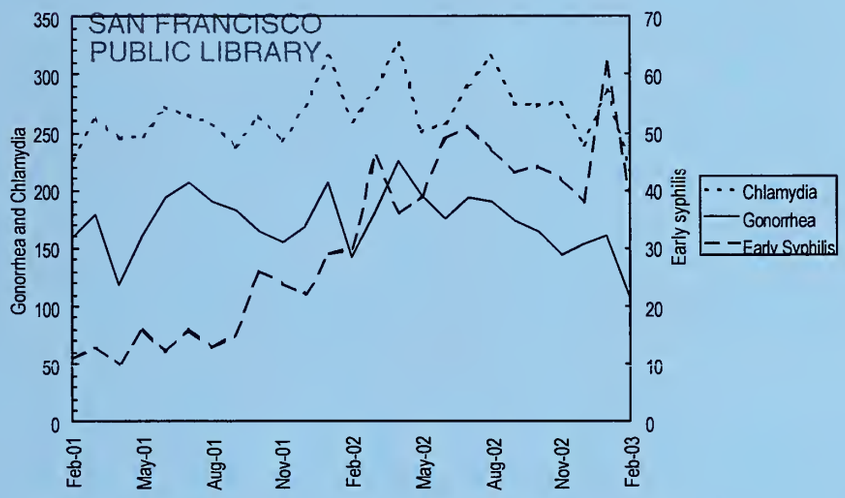

Figure 1. Monthly STD trends for San Francisco. Note different scale for syphilis cases.

Note: All statistics are provisional until the annual report is released for the year. Morbidity is based on date of diagnosis. Totals for past months may change due to delays in reporting from labs and providers.

Table 3. Selected STD cases and rates for San Francisco by age and race/ethnicity, 2003 through February only. Rates equal cases per 100,000 residents per year based on 2000 US Census data.

	(All races)		Asian/PI		African American		Hispanic		White	
	cases	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*
All ages										
Chlamydia	503	388.6	60	142.7	112	1048.9	97	531.5	117	207.1
Gonorrhea	268	207.0	15	35.7	47	440.1	29	158.9	140	247.9
Early syphilis	101	78.0	6	14.3	7	65.6	20	109.6	62	109.8
Adolescent (under 20 yrs)										
Chlamydia	104	1214.7	10	275.3	40	3645.0	21	1137.3	9	486.8
Gonorrhea	19	221.9	0	0.0	11	1002.4	2	108.3	3	162.3
Early syphilis	3	35.0	0	0.0	0	0.0	2	108.3	1	54.1

Editorial Note: Low Incidence of Hepatitis C Virus Infection among non-Injection Drug Using Men who Have Sex with Men

The role of sexual transmission of hepatitis C virus (HCV) is not clear. We measured the risk of sexual transmission of HCV in a population at high risk for sexually transmitted infections. Sexual behaviors and HCV antibody status were measured in persons seeking repeat HIV testing in San Francisco from October 1997 through March 2000. Among the total population of 981 repeat testers, the HCV antibody prevalence was 2.5%. For those who had a history of intravenous drug use (n=15), the prevalence was 40.0%. Among men who have sex with men who denied intravenous drug use (non-IDU MSM) (n=746), HCV antibody prevalence was 2.0%. Factors independently associated with HCV antibody prevalence in non-IDU MSM included: age greater than 50 years (odds ratio [OR] 8.5, 95% confidence interval [CI] 2.6-27.7), HIV infection (OR=5.7, CI=1.6-20.6) and being non-White (OR=3.3, 95% CI=1.1-10.0). Prevalent HCV antibody was not associated with recent reported sexual risk behaviors. In addition, during 576.6 person-years of observation among non-ID MSM, no new HCV infections occurred (incidence = 0 per 100 person-year, 95% CI=0-.6). The absence of new HCV infections in this sample supports the hypothesis that the risk of sexual transmission of HCV is low. HCV testing and counseling should be incorporated in testing locations where there are a large number of intravenous drug users. *GPH/CKK*

San Francisco Monthly STD Report

Data for March, 2003
Report prepared April 17, 2003

Table 1. STDs diagnosed among San Francisco residents, March, 2003.

	This year		Last year	
	this month	*year to date*	*this month*	*year to date*
Gonorrhea	120	397	181	530
Male rectal gonorrhea	27	67	25	79
Male gonococcal proctitis*	8	13	7	27
Male pharyngeal gonorrhea	33	103	33	103
Chlamydia	199	742	287	862
Syphilis (adult total)	65	186	59	139
Primary & secondary	35	98	29	75
Early latent	21	59	17	30
Unknown latent	0	1	2	3
Late latent	9	28	11	31
Pelvic inflammatory disease	2	10	4	10
Congenital syphilis	0	0	0	0
Adult male shigellosis	6	31	19	43

** City Clinic patients only*

Table 2. Confidential HIV testing among City Clinic patients, March, 2003.

	This year		Last year	
	this month	*year to date*	*this month*	*year to date*
Tests	230	660	193	596
Positives	15	37	10	29
Recent positives	7	14	1	12

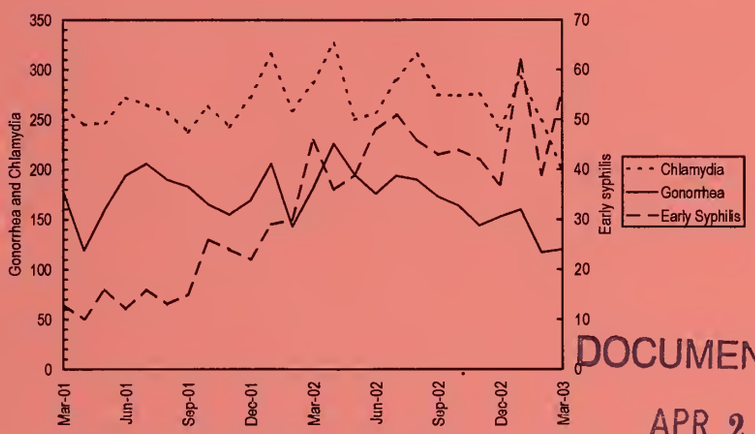

Figure 1. Monthly STD trends for San Francisco. Note different scale for syphilis cases.

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Note: All statistics are provisional until the annual report is released for the year. Morbidity is based on date of diagnosis. Totals for past months may change due to delays in reporting from labs and providers.

Table 3. Selected STD cases and rates for San Francisco by age and race/ethnicity, 2003 through March only. Rates equal cases per 100,000 residents per year based on 2000 US Census data.

	(All races)		Asian/PI		African American		Hispanic		White	
	cases	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*
All ages										
Chlamydia	742	382.1	93	147.4	164	1023.9	129	471.2	174	205.4
Gonorrhea	397	204.5	25	39.6	59	368.4	47	171.7	212	250.2
Early syphilis	157	80.9	12	19.0	11	68.7	29	105.9	99	116.9
Adolescent (under 20 yrs)										
Chlamydia	148	1152.4	14	257.0	57	3462.8	27	974.8	12	432.7
Gonorrhea	26	202.4	2	36.7	12	729.0	2	72.2	4	144.2
Early syphilis	2	15.6	0	0.0	0	0.0	2	72.2	0	0.0

Editorial Note: Screening in jails is associated with a decrease in community prevalence of chlamydia: San Francisco, 1997-2002

STD screening programs in correctional settings detect a high number of infections and may play an instrumental role in reducing transmission of STDs in the community. We evaluated the impact of our jail-based, chlamydia screening program on trends in female chlamydia positivity in the community. Between 1997 and 2002, 37,894 screening tests for chlamydia were conducted in the jails; 70% of these were performed on men. Each year, this screening program detected between 205 and 287 chlamydial infections. The overall prevalence of chlamydia was 6.0%, 6.4% (701/11,037) in women and 5.8% (1,565/26,857) in men. A high proportion of males screened in the jails were from neighborhoods that had the highest female chlamydia rates. Female chlamydia positivity at the sentinel health center that served these neighborhoods decreased over 50% (from 8.2% to 4.4%) since the jail screening program began, but similar trends were not observed at the other sentinel sites. STD screening in the jails has been very effective in identifying a high number of asymptomatic chlamydial infections that may otherwise have gone undetected and untreated. Our data also suggest that screening males in jails for chlamydia is associated with a decrease in female chlamydia positivity in the community. *KS/CKK*

San Francisco
Department of Public Health

San Francisco Monthly STD Report

Data for April, 2003
Report prepared May 23, 2003

Table 1. STDs diagnosed among San Francisco residents, April, 2003.

	This year		Last year	
	this month	*year to date*	*this month*	*year to date*
Gonorrhea	131	564	226	756
Male rectal gonorrhea	27	99	26	105
Male gonococcal proctitis*	3	16	2	29
Male pharyngeal gonorrhea	38	144	45	148
Chlamydia	257	1,067	327	1,189
Syphilis (adult total)	69	252	51	190
Primary & secondary	37	133	22	97
Early latent	24	81	14	44
Unknown latent	0	1	2	5
Late latent	8	37	13	44
Pelvic inflammatory disease	4	15	2	12
Congenital syphilis	0	0	0	0
Adult male shigellosis	4	35	5	48

** City Clinic patients only*

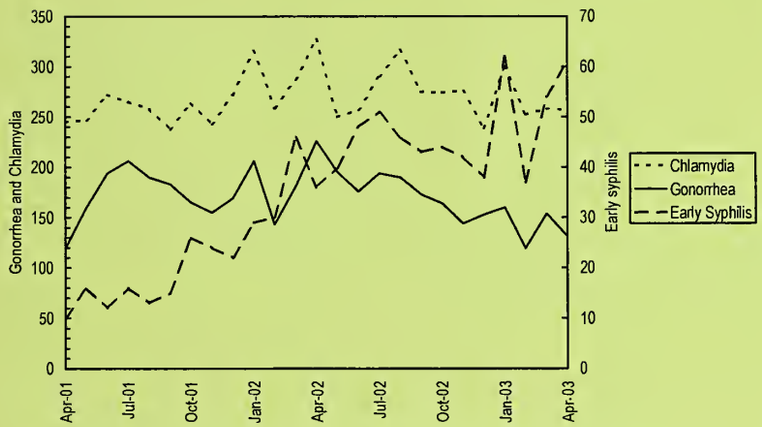

Figure 1. Monthly STD trends for San Francisco. Note different scale for syphilis cases.

Table 2. Confidential HIV testing among City Clinic patients, April, 2003.

	This year		Last year	
	this month	*year to date*	*this month*	*year to date*
Tests	183	843	233	835
Positives	4	41	8	37
Recent positives	0	14	3	15

Note: All statistics are provisional until the annual report is released for the year. Morbidity is based on date of diagnosis. Totals for past months may change due to delays in reporting from labs and providers.

Table 3. Selected STD cases and rates for San Francisco by age and race/ethnicity, 2003 through April only. Rates equal cases per 100,000 residents per year based on 2000 US Census data.

	(All races)		Asian/PI		African American		Hispanic		White	
	cases	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*
All ages										
Chlamydia	1,067	412.1	140	166.4	239	1119.1	168	460.3	255	225.7
Gonorrhea	564	217.8	37	44.0	97	454.2	63	172.6	288	254.9
Early syphilis	214	82.7	13	15.5	13	60.9	41	112.3	138	122.2
Adolescent (under 20 yrs)										
Chlamydia	227	1325.6	17	234.0	92	4191.8	42	1137.3	17	459.7
Gonorrhea	40	233.6	5	68.8	24	1093.5	2	54.2	3	81.1
Early syphilis	2	11.7	0	0.0	0	0.0	2	54.2	0	0.0

Editorial Note: Syphilis management in clinical practice

Since the summer of 1999, over 900 cases of early syphilis have been reported in San Francisco. More than two-thirds have been diagnosed in private practice settings. Recently, SFDPH has interviewed cases where treatment was delayed while providers awaited the results of serologic assays. The Public Health Department is concerned that such treatment delays may lead to further disease transmission.

The RPR and VDRL assays are only 70 to 85 percent sensitive in primary infection; some patients will present before they develop measureable antibody. Furthermore, laboratories typically require 3-7 days to report results. During the current epidemic, SFDPH therefore recommends treatment with 2.4 MU benzathine penicillin G if syphilis is suspected, even before serologic tests results are available. To assure timely treatment providers may request a supply of benzathine penicillin from the City Clinic Nurse Manager (Deborah Williams-Taki, RN) at 415-487-5514.

Providers also should take an active role in the evaluation and treatment of sex partners. An AMA 2003 CPT code for the evaluation of a new patient exposed to syphilis is 99203; for established patients, the code is 99213. For treatment of exposed patients, benzathine penicillin G is recommended. Azithromycin "partner packs" for patients to distribute to recent sex partners and at-risk friends are also available from City Clinic. In addition, all sexually active gay or bisexual men should be screened for syphilis every six months. *JDK/JE*

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San Francisco Monthly STD Report

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Data for May, 2003
Report prepared June 23, 2003

Table 1. STDs diagnosed among San Francisco residents, May, 2003.

	This year		Last year	
	this month	*year to date*	*this month*	*year to date*
Gonorrhea	135	701	195	951
Male rectal gonorrhea	30	129	29	134
Male gonococcal proctitis*	4	20	7	36
Male pharyngeal gonorrhea	34	179	36	184
Chlamydia	185	1,285	250	1,439
Syphilis (adult total)	58	313	48	238
Primary & secondary	36	169	26	123
Early latent	16	97	14	58
Unknown latent	0	1	0	5
Late latent	6	46	8	52
Pelvic inflammatory disease	3	18	6	18
Congenital syphilis	0	0	0	0
Adult male shigellosis	5	40	10	58

* *City Clinic patients only*

Table 2. Confidential HIV testing among City Clinic patients, May, 2003.

	This year		Last year	
	this month	*year to date*	*this month*	*year to date*
Tests	229	1,072	212	1,047
Positives	4	45	11	48
Recent positives	2	16	5	20

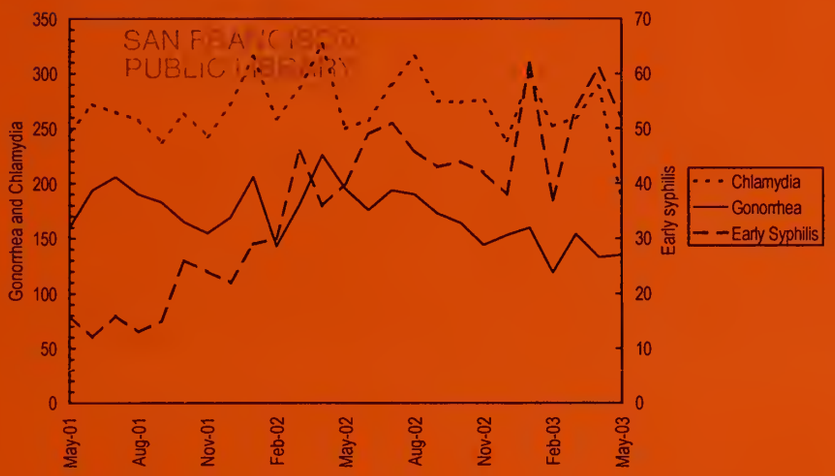

Figure 1. Monthly STD trends for San Francisco. Note different scale for syphilis cases.

Note: All statistics are provisional until the annual report is released for the year. Morbidity is based on date of diagnosis. Totals for past months may change due to delays in reporting from labs and providers.

Table 3. Selected STD cases and rates for San Francisco by age and race/ethnicity, 2003 through May only. Rates equal cases per 100,000 residents per year based on 2000 US Census data.

	(All races)		Asian/PI		African American		Hispanic		White	
	cases	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*
All ages										
Chlamydia	1,285	397.1	177	168.3	290	1086.3	209	458.1	310	219.5
Gonorrhea	701	216.6	51	48.5	123	460.8	78	171.0	359	254.2
Early syphilis	266	82.2	19	18.1	15	56.2	47	103.0	175	123.9
Adolescent (under 20 yrs)										
Chlamydia	268	1252.0	26	286.4	109	3973.1	48	1039.8	20	432.7
Gonorrhea	45	210.2	5	55.1	27	984.2	3	65.0	3	64.9
Early syphilis	2	9.3	0	0.0	0	0.0	2	43.3	0	0.0

Editorial Note: Internet resources - Syphilis test available online; Practitioner's Handbook of STD Management

San Franciscans can go to www.stdtest.org to order a free and confidential syphilis test. After printing out the test request form, users can go to one of several Unilab facilities located throughout San Francisco to have their blood drawn. Users can get their test results on line 7-10 days later using the code number assigned to their test. Details are available at the web site.

This site was developed to increase access to syphilis testing in response to the ongoing syphilis epidemic in San Francisco. The syphilis rate continues to increase, with nearly 94 percent of new cases in gay/bisexual men, and 40 percent of new cases have met partners online.

The Seattle STD/HIV Prevention Training Center at the University of Washington announced the availability of *The Practitioner's Handbook for the Management of Sexually Transmitted Diseases* on-line at www.stdhandbook.org. The Practitioner's Handbook is designed to assist practitioners in primary health care, family medicine, emergency medicine, and other specialties in the optimal management of patients with sexually transmitted diseases and their partners. Individual PDF files can be downloaded to create a personal copy of the handbook. *CKK/RPK*

Department of Public Health

San Francisco Monthly STD Report

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Data for June, 2003
Report prepared July 25, 2003

Table 1. STDs diagnosed among San Francisco residents, June, 2003.

	This year		Last year	
	this month	*year to date*	*this month*	*year to date*
Gonorrhea	120	835	176	1,127
Male rectal gonorrhea	24	153	27	161
Male gonococcal proctitis*	4	24	2	38
Male pharyngeal gonorrhea	43	222	45	229
Chlamydia	195	1,552	258	1,697
Syphilis (adult total)	51	365	53	291
Primary & secondary	24	194	31	154
Early latent	19	115	18	76
Unknown latent	0	1	0	5
Late latent	8	55	4	56
Pelvic inflammatory disease	1	19	0	18
Congenital syphilis	0	0	0	0
Adult male shigellosis	14	54	10	68

* *City Clinic patients only*

Table 2. Confidential HIV testing among City Clinic patients, June, 2003.

	This year		Last year	
	this month	*year to date*	*this month*	*year to date*
Tests	201	1,273	176	1,223
Positives	10	55	5	53
Recent positives	5	21	1	21

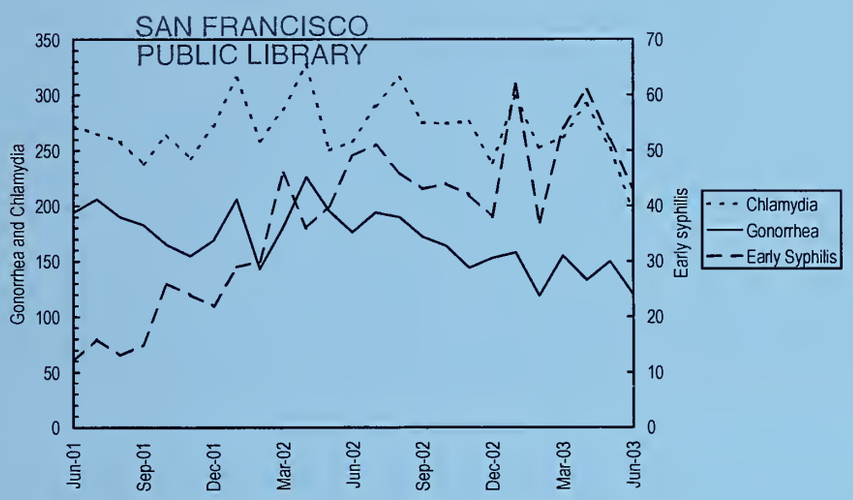

Figure 1. Monthly STD trends for San Francisco. Note different scale for syphilis cases.

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Table 3. Selected STD cases and rates for San Francisco by age and race/ethnicity, 2003 through June only. Rates equal cases per 100,000 residents per year based on 2000 US Census data.

	(All races)		Asian/PI		African American		Hispanic		White	
	cases	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*
All ages										
Chlamydia	1,552	399.6	211	167.2	357	1114.4	244	445.7	375	221.3
Gonorrhea	835	215.0	56	44.4	148	462.0	99	180.8	431	254.4
Early syphilis	309	79.6	21	16.6	17	53.1	58	105.9	204	120.4
Adolescent (under 20 yrs)										
Chlamydia	315	1226.4	29	266.2	131	3979.2	51	920.7	22	396.6
Gonorrhea	53	206.3	5	45.9	33	1002.4	4	72.2	2	36.1
Early syphilis	2	7.8	0	0.0	0	0.0	2	36.1	0	0.0

Editorial Note: Syphilis infection increases HIV viral load in HIV-infected persons

We reviewed medical records data from syphilis cases co-infected with HIV. Records were from one private and two public health clinics in San Francisco and Los Angeles. We compared plasma HIV viral loads and CD4 counts at the time of syphilis diagnosis with those before syphilis diagnosis and after syphilis treatment. Syphilis infection significantly increased plasma HIV viral load and significantly reduced CD4 counts. There were modest decreases (not statistically significant) in HIV viral load after syphilis treatment. Our findings suggest that syphilis may increase the risk of HIV transmission because HIV viral load in blood and semen are correlated. They also suggest syphilis may increase the risk of HIV disease progression and opportunistic infections, and underscore the need for frequent syphilis testing and prompt treatment of syphilis in HIV-infected persons.

Below are four sites that offer free and confidential syphilis testing:

City Clinic 356 7th St. *Hours*: M W F 8am – 4pm, T 1pm – 6pm, Th 1pm – 4pm
Magnet 4122 18th St. *Hours*: W Th F 4pm – 8 pm, Sat 1pm – 5pm, 415-581-1600, margnetsf.org
Positive Health – West 3180 18th St. *Hours*: M – F 10am – 2:30pm
STDtest.org print out a lab slip and take it to one of five convenient locations to have your blood drawn

CKK/JK

Department of Public Health

San Francisco Monthly STD Report

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Data for July, 2003
Report prepared September 9, 2003

Table 1. STDs diagnosed among San Francisco residents, July, 2003.

	This year		Last year	
	this month	*year to date*	*this month*	*year to date*
Gonorrhea	154	1,006	194	1,320
Male rectal gonorrhea	18	173	34	194
Male gonococcal proctitis*	3	27	4	42
Male pharyngeal gonorrhea	42	265	38	267
Chlamydia	279	1,879	290	1,986
Syphilis (adult total)	48	416	59	351
Primary & secondary	26	220	32	187
Early latent	17	134	19	95
Unknown latent	0	1	0	5
Late latent	5	61	8	64
Pelvic inflammatory disease	0	24	3	21
Congenital syphilis	0	0	0	0
Adult male shigellosis	6	60	11	79

** City Clinic patients only*

Table 2. Confidential HIV testing among City Clinic patients, July, 2003.

	This year		Last year	
	this month	*year to date*	*this month*	*year to date*
Tests	201	1,273	176	1,223
Positives	10	55	5	53
Recent positives	5	21	1	21

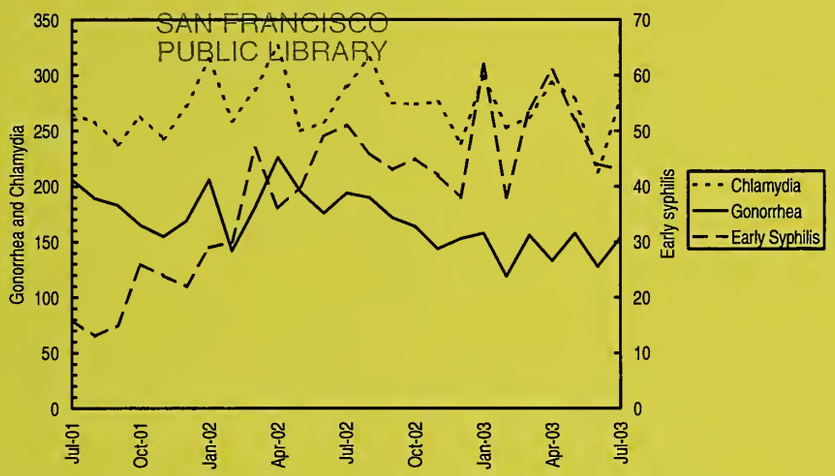

Figure 1. Monthly STD trends for San Francisco. Note different scale for syphilis cases.

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Table 3. Selected STD cases and rates for San Francisco by age and race/ethnicity, 2003 through July only. Rates equal cases per 100,000 residents per year based on 2000 US Census data.

	(All races)		Asian/PI		African American		Hispanic		White	
	cases	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*
All ages										
Chlamydia	1,879	414.7	262	178.0	432	1155.9	285	446.2	443	224.1
Gonorrhea	1,006	222.0	68	46.2	178	476.3	111	173.8	523	264.6
Early syphilis	354	78.1	23	15.6	21	56.2	72	112.7	228	115.3
Adolescent (under 20 yrs)										
Chlamydia	377	1258.1	36	283.2	160	4165.8	61	943.9	28	432.7
Gonorrhea	66	220.2	6	47.2	42	1093.5	4	61.9	4	61.8
Early syphilis	2	6.7	0	0.0	0	0.0	2	31.0	0	0.0

Editorial Note: Clinical management of patients with chlamydia or gonorrhea – San Francisco

Partner management: As standard of care, all recent sexual partners of a person with chlamydia or gonorrhea should be evaluated and treated for these infections. If the patient thinks it is unlikely that a partner will seek evaluation and treatment, the health provider may provide treatment for the patient to deliver to the partner. In addition, appropriate management of sexual partners by the attending health care provider is required by California Code of Regulations, Title 17, Article 3. STD Prevention and Control Services can provide assistance with partner management upon request.

Re-screening: Because of the high prevalence of re-infection with chlamydia and gonorrhea among both males and females (10% - 16%) within three months of treatment, San Francisco STD Prevention and Control Services recommends re-screening all patients with these infections three months after treatment. This should be discussed with patients at the time of treatment. By early diagnosis and treatment of re-infections, adverse reproductive sequela in women can be reduced. Early diagnosis and treatment also can reduce further transmission within the community.

If you would like more information about partner management or re-screening, please contact Stevie Forte at 415-554-8451. *CKK/JDK*

Department of Public Health

San Francisco Monthly STD Report

Data for August, 2003
Report prepared September 22, 2003

Table 1. STDs diagnosed among San Francisco residents, August, 2003.

	This year		Last year	
	this month	*year to date*	*this month*	*year to date*
Gonorrhea	144	1,168	189	1,507
Male rectal gonorrhea	25	200	28	222
Male gonococcal proctitis*	5	32	3	45
Male pharyngeal gonorrhea	39	304	34	301
Chlamydia	275	2,221	314	2,298
Syphilis (adult total)	47	463	51	401
Primary & secondary	18	238	32	219
Early latent	17	151	14	108
Unknown latent	2	3	0	5
Late latent	10	71	5	69
Pelvic inflammatory disease	5	33	0	21
Congenital syphilis	0	0	0	0
Adult male shigellosis	8	68	19	98

** City Clinic patients only*

Table 2. Confidential HIV testing among City Clinic patients, August, 2003.

	This year		Last year	
	this month	*year to date*	*this month*	*year to date*
Tests	225	1,715	207	1,676
Positives	13	72	8	66
Recent positives	2	26	2	26

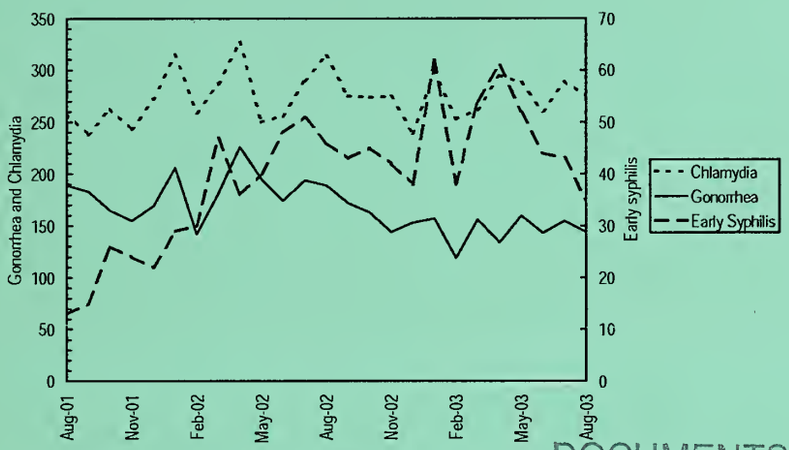

Figure 1. Monthly STD trends for San Francisco. Note different scale for syphilis cases.

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Note: All statistics are provisional until the annual report is released for the year. Morbidity is based on date of diagnosis. Totals for past months may change due to delays in reporting from labs and providers.

Table 3. Selected STD cases and rates for San Francisco by age and race/ethnicity, 2003 through August only. Rates equal cases per 100,000 residents per year based on 2000 US Census data.

	(All races)		Asian/PI		African American		Hispanic		White	
	cases	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*
All ages										
Chlamydia	2,221	428.9	307	182.5	503	1177.6	346	474.0	517	228.8
Gonorrhea	1,168	225.6	83	49.3	206	482.3	126	172.6	604	267.3
Early syphilis	389	75.1	24	14.3	21	49.2	80	109.6	253	112.0
Adolescent (under 20 yrs)										
Chlamydia	472	1378.2	44	302.9	191	4351.3	80	1083.1	32	432.7
Gonorrhea	75	219.0	7	48.2	45	1025.2	4	54.2	5	67.6
Early syphilis	3	8.8	0	0.0	0	0.0	3	40.6	0	0.0

Editorial Note: Chlamydial infection among gay and bisexual men: San Francisco City Clinic, 2002

The Centers for Disease Control and Prevention recommends that sexually active men who have sex with men (MSM) be tested annually for chlamydial infection of the urethra, and if they have receptive anal sex, chlamydial infection of the rectum. We examined the prevalence of these infections among gay and bisexual men seen at the San Francisco municipal STD clinic, City Clinic. Chlamydia infections were detected using a nucleic acid amplification test, ProbeTec (BD Laboratories).

Chlamydia was significantly more likely to be detected among gay/bisexual men (9.0%) than other men (4.9%) or women (4.8%) (P<.001), and 54% (533/987) of all people at the clinic who had chlamydia were gay/bisexual men. Urethral chlamydia was detected in 5.4% (270/5006) of gay/bisexual men, and rectal infection was detected in 9.5% (246/2591) of those tested.

Gay/bisexual men seeking STD services in San Francisco have high rates of rectal and urethral chlamydia. Because of high rates of STDs, we recommend that clinicians screen their sexually active MSM patients, at least every six months for chlamydia, gonorrhea and syphilis. In addition, we recommend that chlamydia and gonorrhea testing be performed using more sensitive assays like the nucleic acid amplification tests. For more information, please contact Stevie Forte at (415) 554-8450. *CKK*

San Francisco Monthly STD Report

Data for September, 2003
Report prepared October 24, 2003

Table 1. STDs diagnosed among San Francisco residents, September, 2003.

	This year		Last year	
	this month	*year to date*	*this month*	*year to date*
Gonorrhea	140	1,322	172	1,678
Male rectal gonorrhea	34	235	19	241
Male gonococcal proctitis*	7	39	5	50
Male pharyngeal gonorrhea	30	337	25	326
Chlamydia	275	2,515	275	2,572
Syphilis (adult total)	47	509	48	449
Primary & secondary	26	265	29	248
Early latent	13	163	14	122
Unknown latent	0	3	0	5
Late latent	8	78	5	74
Pelvic inflammatory disease	9	42	7	28
Congenital syphilis	0	0	0	0
Adult male shigellosis	*N/A*	*N/A*	*N/A*	*N/A*

** City Clinic patients only*

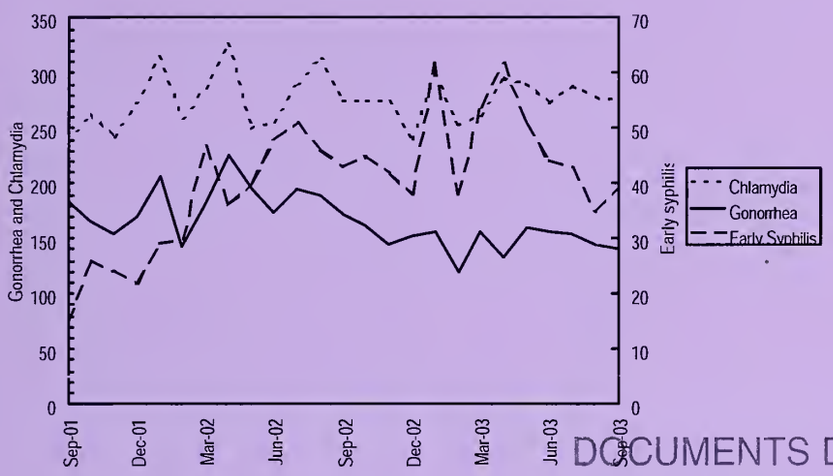

Figure 1. Monthly STD trends for San Francisco. Note different scale for syphilis cases.

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Table 2. Confidential HIV testing among City Clinic patients, September, 2003.

	This year		Last year	
	this month	*year to date*	*this month*	*year to date*
Tests	247	1,968	221	1,897
Positives	7	79	9	75
Recent positives	4	30	2	28

Note: All statistics are provisional until the annual report is released for the year. Morbidity is based on date of diagnosis. Totals for past months may change due to delays in reporting from labs and providers.

Table 3. Selected STD cases and rates for San Francisco by age and race/ethnicity, 2003 through September only. Rates equal cases per 100,000 residents per year based on 2000 US Census data.

	(All races)		Asian/PI		African American		Hispanic		White	
	cases	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*
All ages										
Chlamydia	2,515	431.7	344	181.7	570	1186.2	389	473.7	581	228.6
Gonorrhea	1,322	226.9	96	50.7	238	495.3	149	181.4	661	260.1
Early syphilis	428	73.5	28	14.8	22	45.8	90	109.6	277	109.0
Adolescent (under 20 yrs)										
Chlamydia	555	1440.5	58	354.9	218	4414.5	89	1071.1	36	432.7
Gonorrhea	88	228.4	7	42.8	51	1032.8	6	72.2	9	108.2
Early syphilis	3	7.8	0	0.0	0	0.0	3	36.1	0	0.0

Editorial Note: Substantial improvement in STD treatment verification: San Francisco, 2002 - 2003

It is critical that persons diagnosed with an STD are treated for the infection. For this reason, California law requires health care providers to report treatment for STDs. In San Francisco during 2001, only 3% of providers outside the municipal STD clinic reported treatment of their clients with gonorrhea (GC) or chlamydia (CT). In 2002, we implemented an STD Treatment Verification Program, and divided providers into three categories: Community Screening sites, County Hospital based clinics and large volume Private Providers. We compared treatment information about persons with CT and/or GC from January through June 2002 with January through June 2003, by provider type. All three provider types saw a substantial increase in reporting treatment between 2002 and 2003: Community Based screening clinics went from 16% (314/1946) to 92% (1,417/1,537); high volume private providers increased from 27% (156/571) to 46% (176/385); and the county hospital based clinics went from 15% (33/213) to 36% (77/217).

We appreciate providers' assistance in reporting treatment and will continue to work with them to facilitate meeting this requirement. If you have any questions, please contact Lyn Fischer at 415-487-5518 or Lyn.Fischer@sfdph.org. *CKK/LF*

Department of Public Health

San Francisco Monthly STD Report

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Data for October, 2003
Report prepared December 1, 2003

Table 1. STDs diagnosed among San Francisco residents, October, 2003.

	This year		Last year	
	this month	*year to date*	*this month*	*year to date*
Gonorrhea	178	1,506	161	1,847
Male rectal gonorrhea	34	273	25	266
Male gonococcal proctitis*	9	48	2	52
Male pharyngeal gonorrhea	50	388	42	373
Chlamydia	316	2,864	274	2,847
Syphilis (adult total)	48	563	56	505
Primary & secondary	24	289	28	276
Early latent	11	173	17	139
Unknown latent	2	6	0	5
Late latent	11	95	11	85
Pelvic inflammatory disease	5	47	1	29
Congenital syphilis	0	0	0	0
Adult male shigellosis	5	88	12	120

** City Clinic patients only*

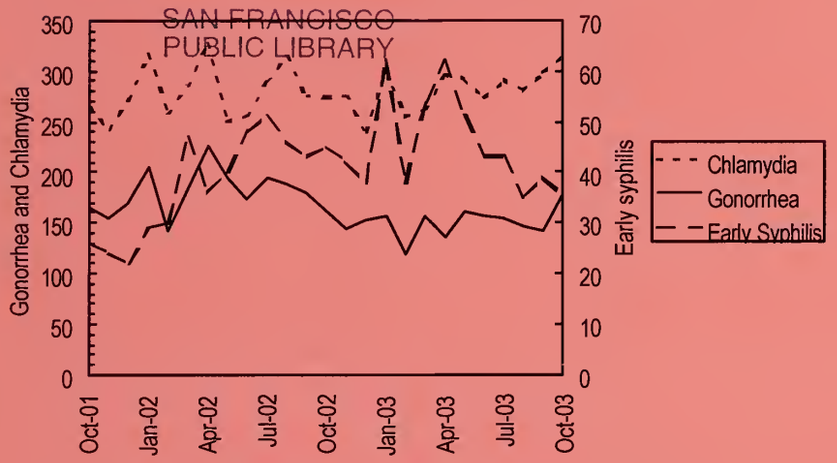

Figure 1. Monthly STD trends for San Francisco. Note different scale for syphilis cases.

Table 2. Confidential HIV testing among City Clinic patients, October, 2003.

	This year		Last year	
	this month	*year to date*	*this month*	*year to date*
Tests	264	2,232	193	2,090
Positives	14	93	12	87
Recent positives	5	35	3	31

Note: All statistics are provisional until the annual report is released for the year. Morbidity is based on date of diagnosis. Totals for past months may change due to delays in reporting from labs and providers.

Table 3. Selected STD cases and rates for San Francisco by age and race/ethnicity, 2003 through October only. Rates equal cases per 100,000 residents per year based on 2000 US Census data.

	(All races)		Asian/PI		African American		Hispanic		White	
	cases	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*
All ages										
Chlamydia	2,864	442.5	399	189.7	688	1288.6	445	487.7	648	229.4
Gonorrhea	1,506	232.7	109	51.8	263	492.6	172	188.5	743	263.1
Early syphilis	462	71.4	32	15.2	25	46.8	101	110.7	293	103.7
Adolescent (under 20 yrs)										
Chlamydia	636	1485.6	69	380.0	262	4775.0	104	1126.5	38	411.0
Gonorrhea	96	224.3	8	44.1	54	984.2	8	86.7	10	108.2
Early syphilis	4	9.3	0	0.0	0	0.0	4	43.3	0	0.0

Editorial Note: Syphilis and HIV testing among men attending sex clubs and adult bookstores: San Francisco, April-May 2003

In collaboration with three sex clubs and two adult bookstores in San Francisco, we conducted a self-administered survey about syphilis and HIV testing among men attending these venues during April and May 2003. 676 men completed the survey. Overall, 60% (401/673) of men had tested for syphilis in the last six months, and 52% (295/572) of HIV negative men had tested for HIV in the last six months. Recent testing for syphilis and/or HIV was more common in men younger than 30 years of age.

Persons attending sex clubs and other venues where sex occurs such as adult bookstores and bathhouses should be encouraged to get tested for syphilis and HIV at least every three months; owners of such venues should continue to take an active role in promoting and making testing available; and patrons should be reminded that the infection status of many of their partners is unknown, so safe sex practices are a must.

Here are four sites that offer free and confidential syphilis testing (two also offer HIV testing): **City Clinic** 356 7th St. *Hours*: M W F 8am – 4pm, T 1pm – 6pm, Th 1pm – 4pm (also offers HIV testing); **Magnet** 4122 18th St. *Hours*: W Th F 4pm – 8 pm, Sat 1pm – 5pm, 415-581-1600, www.magnetsf.org; (also offers HIV testing); **Positive Health – West** 3180 18th St. *Hours*: M – F 10am – 2:30pm; **www.stdtest.org** print out a lab slip and take it to one of five convenient locations to have your blood drawn. *JK/CKK*

San Francisco
Department of Public Health

San Francisco Monthly STD Report

Data for November, 2003
Report prepared December 24, 2003

Table 1. STDs diagnosed among San Francisco residents, November, 2003.

	This year		Last year	
	this month	*year to date*	*this month*	*year to date*
Gonorrhea	150	1,659	144	1,991
Male rectal gonorrhea	17	290	16	282
Male gonococcal proctitis*	1	49	1	53
Male pharyngeal gonorrhea	40	428	32	405
Chlamydia	247	3,128	275	3,122
Syphilis (adult total)	30	593	45	550
Primary & secondary	16	305	24	300
Early latent	8	182	18	157
Unknown latent	0	5	0	5
Late latent	6	101	3	88
Pelvic inflammatory disease	2	49	1	30
Congenital syphilis	0	0	0	0
Adult male shigellosis	1	89	9	129

** City Clinic patients only*

Table 2. Confidential HIV testing among City Clinic patients, November, 2003.

	This year		Last year	
	this month	*year to date*	*this month*	*year to date*
Tests	219	2,451	168	2,258
Positives	9	102	6	93
Recent positives	6	41	2	33

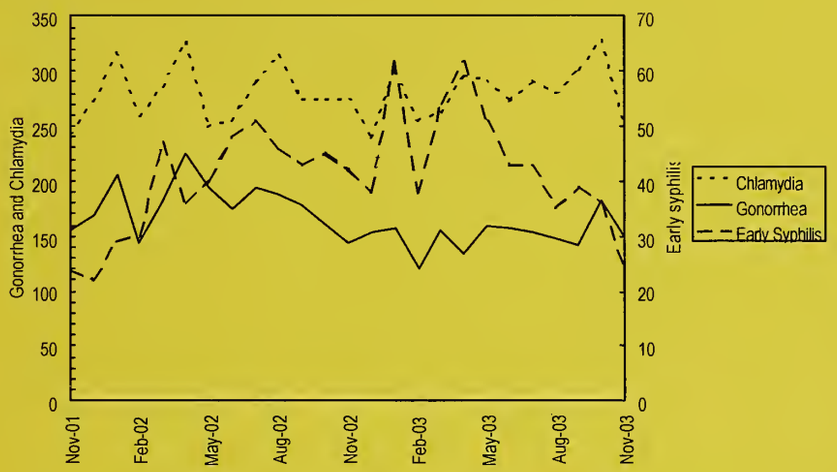

Figure 1. Monthly STD trends for San Francisco. Note different scale for syphilis cases.

Note: All statistics are provisional until the annual report is released for the year. Morbidity is based on date of diagnosis. Totals for past months may change due to delays in reporting from labs and providers.

Table 3. Selected STD cases and rates for San Francisco by age and race/ethnicity, 2003 through November only. Rates equal cases per 100,000 residents per year based on 2000 US Census data.

	(All races)		Asian/PI		African American		Hispanic		White	
	cases	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*
All ages										
Chlamydia	3,128	439.3	433	187.2	754	1283.8	478	476.2	705	226.9
Gonorrhea	1,659	233.0	113	48.9	295	502.3	189	188.3	810	260.7
Early syphilis	487	68.4	35	15.1	26	44.3	105	104.6	309	99.5
Adolescent (under 20 yrs)										
Chlamydia	690	1465.3	75	375.5	280	4639.1	110	1083.1	43	422.8
Gonorrhea	102	216.6	8	40.1	57	944.4	9	88.6	10	98.3
Early syphilis	4	8.5	0	0.0	0	0.0	4	39.4	0	0.0

Editorial Note: 2002 San Francisco STD Annual Summary Available

The San Francisco Sexually Transmitted Disease Annual Summary, 2002 is available at http://www.dph.sf.ca.us/Reports/STD/SFSTDAnnlSum2002.pdf. If you would like to receive a hardcopy, please contact Joanne Carpio at 415-355-2000 or joanne.carpio@sfdph.org.

Happy Holidays!

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San Francisco Monthly STD Report

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Data for December, 2003
Report prepared February 3, 2004

Table 1. STDs diagnosed among San Francisco residents, December, 2003.

	This year		Last year	
	this month	*year to date*	*this month*	*year to date*
Gonorrhea	165	1,817	153	2,144
Male rectal gonorrhea	21	311	23	305
Male gonococcal proctitis*	5	54	4	58
Male pharyngeal gonorrhea	47	473	38	443
Chlamydia	259	3,357	240	3,362
Syphilis (adult total)	42	639	45	595
Primary & secondary	22	330	18	318
Early latent	12	195	20	177
Unknown latent	0	5	0	5
Late latent	8	109	7	95
Pelvic inflammatory disease	5	54	5	35
Congenital syphilis	0	0	0	0
Adult male shigellosis	4	93	8	137

** City Clinic patients only*

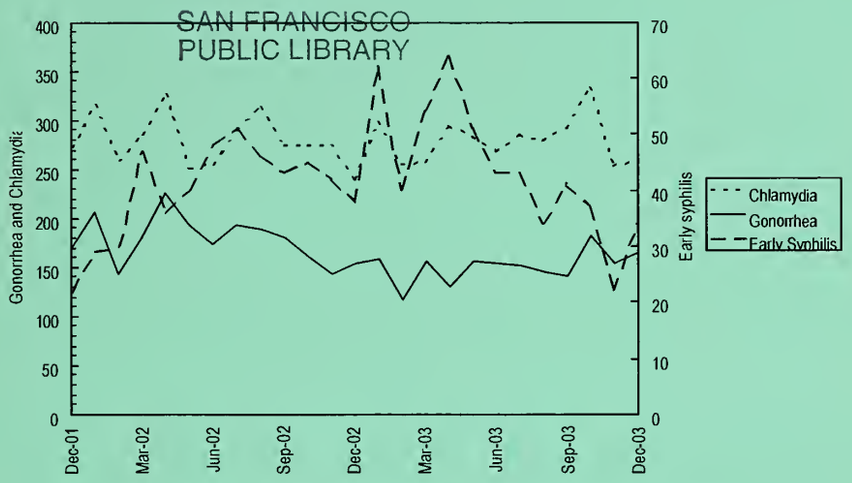

Figure 1. Monthly STD trends for San Francisco. Note different scale for syphilis cases.

Table 2. Confidential HIV testing among City Clinic patients, December, 2003.

	This year		Last year	
	this month	*year to date*	*this month*	*year to date*
Tests	325	2,776	174	2,432
Positives	7	109	8	103
Recent positives	0	41	5	40

Note: All statistics are provisional until the annual report is released for the year. Morbidity is based on date of diagnosis. Totals for past months may change due to delays in reporting from labs and providers.

Table 3. Selected STD cases and rates for San Francisco by age and race/ethnicity, 2003 through December. Rates equal cases per 100,000 residents per year based on 2000 US Census data.

	(All races)		Asian/PI		African American		Hispanic		White	
	cases	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*
All ages										
Chlamydia	3,357	432.2	470	186.2	788	1229.9	519	474.0	766	226.0
Gonorrhea	1,817	233.9	126	49.9	321	501.0	218	199.1	874	257.9
Early syphilis	525	67.6	40	15.9	31	48.4	114	104.1	327	96.5
Adolescent (under 20 yrs)										
Chlamydia	737	1434.6	84	385.5	293	4450.0	116	1047.0	46	414.6
Gonorrhea	114	221.9	10	45.9	63	956.8	9	81.2	10	90.1
Early syphilis	4	7.8	0	0.0	0	0.0	4	36.1	0	0.0

Editorial Note: Preliminary STD Data: San Francisco, 2003

While all statistics are provisional until the annual report is released for the year, preliminary data presented in the tables above suggest that gonorrhea and chlamydia were relatively stable or declined in 2003 compared to 2002 among San Francisco residents. Overall, the number of gonorrhea cases declined about 15% between 2003 and 2002, and the number of rectal and pharyngeal gonococcal infections was relatively stable. The number of reported chlamydial infections was also stable between 2002 and 2003.

2003 did not see the continued rapid escalation of the syphilis epidemic. From figure 1, it is possible to see that there has been a relatively steady decline in the number of reported early syphilis cases (primary, secondary and early latent cases) since April 2003. Rather than syphilis cases doubling between 2002 and 2003, as was the case each year between 1999 and 2002, there was less than a 10% increase in the number of early syphilis cases in 2003. While it is good news that the epidemic has not continued to escalate, San Francisco will still be a metropolitan area with one of the highest syphilis rates in the United States for 2003. *CKK*

Department of Public Health

San Francisco Monthly STD Report

Data for January, 2004
Report prepared February 25, 2004

Table 1. STDs diagnosed among San Francisco residents, January, 2004.

	This year		Last year	
	this month	*year to date*	*this month*	*year to date*
Gonorrhea	194	194	158	158
Male rectal gonorrhea	41	41	15	15
Male gonococcal proctitis*	6	6	2	2
Male pharyngeal gonorrhea	46	46	41	41
Chlamydia	295	295	298	298
Syphilis (adult total)	55	55	70	70
Primary & secondary	23	23	40	40
Early latent	19	19	22	22
Unknown latent	3	3	1	1
Late latent	10	10	7	7
Pelvic inflammatory disease	8	8	4	4
Congenital syphilis	0	0	0	0
Adult male shigellosis	*N/A*	*N/A*	*N/A*	*N/A*

** City Clinic patients only*

Figure 1. Monthly STD trends for San Francisco. Note different scale for syphilis cases.

Table 2. Confidential HIV testing among City Clinic patients, January, 2004.

	This year		Last year	
	this month	*year to date*	*this month*	*year to date*
Tests	367	367	240	240
Positives	18	18	14	14

Note: All statistics are provisional until the annual report is released for the year. Morbidity is based on date of diagnosis. Totals for past months may change due to delays in reporting from labs and providers.

Table 3. Selected STD cases and rates for San Francisco by age and race/ethnicity, January 2004 only. Rates equal cases per 100,000 residents per year based on 2000 US Census data.

	(All races)		Asian/PI		African American		Hispanic		White	
	cases	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*
All ages										
Chlamydia	295	455.8	36	171.2	66	1236.2	51	558.9	65	230.2
Gonorrhea	194	299.7	13	61.8	31	580.6	24	263.0	91	322.2
Early syphilis	42	64.9	1	4.8	5	93.7	5	54.8	28	99.1
Adolescent (under 20 yrs)										
Chlamydia	52	1214.7	5	275.3	19	3462.8	9	974.8	5	540.8
Gonorrhea	10	233.6	0	0.0	4	729.0	1	108.3	1	108.2
Early syphilis	1	23.4	0	0.0	0	0.0	0	0.0	1	108.2

Editorial Note: Azithromycin Treatment failures of Syphilis

The 2002 CDC STD Treatment Guidelines recommend that primary, secondary, and early latent syphilis be treated with a single dose of intramuscular penicillin (doxycycline or tetracycline have been used as alternatives in penicillin-allergic patients). In the past decade, several small clinical trials showed that 2 grams of oral azithromycin was clinically effective for syphilis treatment. However, the SFDPH has recently investigated five azithromycin treatment failures of primary and secondary syphilis. Currently, the San Francisco metropolitan STD clinic is treating primary, secondary, and early latent syphilis with benzathine penicillin G (2.4 million units IM). For penicillin-allergic patients, doxycycline (100 mg PO bid x 14 days) or tetracycline (500 mg qid PO x 14 days) is recommended. All patients should have close follow-up to verify clinical and laboratory improvement. For further information, please see the San Francisco City Clinic website (www.dph.sf.ca.us/sfcityclinic) or refer to the 2002 CDC STD Treatment Guidelines (www.cdc.gov/std/treatment/TOC2002TG.htm). *SM*

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San Francisco Monthly STD Report

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Data for February, 2004
Report prepared March 26, 2004

Table 1. STDs diagnosed among San Francisco residents, February, 2004.

	This year		Last year	
	this month	*year to date*	*this month*	*year to date*
Gonorrhea	132	329	118	276
Male rectal gonorrhea	31	72	25	40
Male gonococcal proctitis*	4	10	3	5
Male pharyngeal gonorrhea	33	79	27	68
Chlamydia	252	556	253	551
Syphilis (adult total)	54	107	51	121
Primary & secondary	28	51	23	63
Early latent	15	34	16	38
Unknown latent	3	5	0	1
Late latent	8	17	12	19
Pelvic inflammatory disease	2	10	3	7
Congenital syphilis	0	0	0	0
Adult male shigellosis	12	15	11	22

** City Clinic patients only*

Table 2. Confidential HIV testing among City Clinic patients, February, 2004.

	This year		Last year	
	this month	*year to date*	*this month*	*year to date*
Tests	334	701	190	430
Positives	11	29	8	22

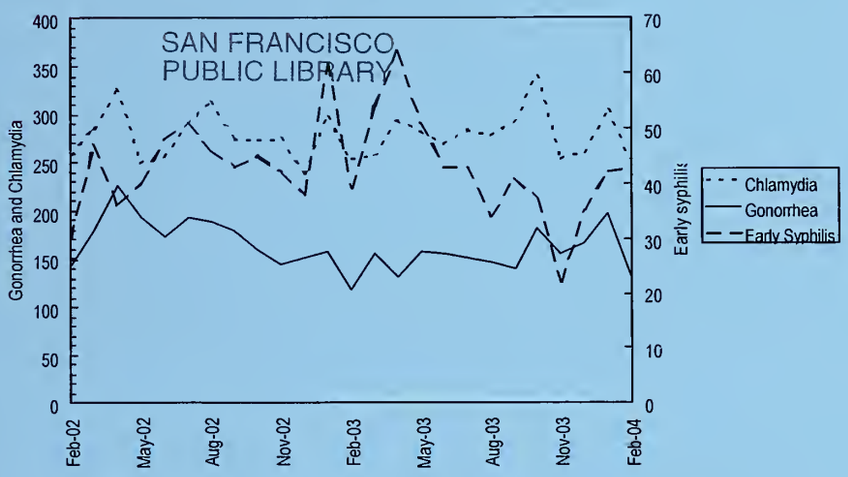

Figure 1. Monthly STD trends for San Francisco. Note different scale for syphilis cases.

Note: All statistics are provisional until the annual report is released for the year. Morbidity is based on date of diagnosis. Totals for past months may change due to delays in reporting from labs and providers.

Table 3. Selected STD cases and rates for San Francisco by age and race/ethnicity, 2004 through February only. Rates equal cases per 100,000 residents per year based on 2000 US Census data.

	(All races)		Asian/PI		African American		Hispanic		White	
	cases	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*
All ages										
Chlamydia	556	429.5	80	190.2	131	1226.8	97	531.5	136	240.8
Gonorrhea	329	254.1	21	49.9	52	487.0	43	235.6	155	274.4
Early syphilis	85	65.7	2	4.8	10	93.7	10	54.8	56	99.1
Adolescent (under 20 yrs)										
Chlamydia	108	1261.4	14	385.5	44	4009.5	18	974.8	13	703.1
Gonorrhea	17	198.6	0	0.0	9	820.1	1	54.2	3	162.3
Early syphilis	2	23.4	0	0.0	0	0.0	0	0.0	1	54.1

Editorial Note: Detection of Primary HIV Infection at the San Francisco Municipal STD Clinic, City Clinic

There is strong evidence that persons with primary HIV infection (PHI) are themselves at high behavioral and biological risk of transmitting HIV to their sex partners. As an HIV prevention strategy, the municipal STD clinic, City Clinic, has been following a research protocol to diagnose persons with PHI and offer them prevention and care. Since October 2003, blood plasma from all persons testing HIV antibody-negative by EIA was tested for HIV RNA in a nucleic acid amplification testing (NAAT) protocol. On average, HIV RNA is detectible in blood 2 to 3 weeks before antibodies to HIV can be detected by our current EIA. Between October 2003 and February 2004, among 1,196 persons who tested negative for HIV antibodies, 6 (0.5%) were RNA positive and appeared to have PHI.

HIV RNA testing might be an efficient way to diagnose PHI in persons at high risk for HIV and, through counseling, to reduce their behavioral risk of transmitting HIV. In addition it might improve the access of persons with PHI to appropriate HIV therapy, which will enhance their own health. *OB*

Department of Public Health

San Francisco Monthly STD Report

Data for March, 2004
Report prepared April 23, 2004

Table 1. STDs diagnosed among San Francisco residents, March, 2004.

	This year		Last year	
	this month	*year to date*	*this month*	*year to date*
Gonorrhea	199	545	156	432
Male rectal gonorrhea	40	112	33	73
Male gonococcal proctitis*	3	13	8	13
Male pharyngeal gonorrhea	57	137	36	104
Chlamydia	337	955	258	809
Syphilis (adult total)	63	170	64	184
Primary & secondary	32	83	33	96
Early latent	18	52	21	58
Unknown latent	2	6	0	1
Late latent	11	29	10	29
Pelvic inflammatory disease	4	14	3	10
Congenital syphilis	0	0	0	0
Adult male shigellosis	N/A	N/A	N/A	N/A

** City Clinic patients only*

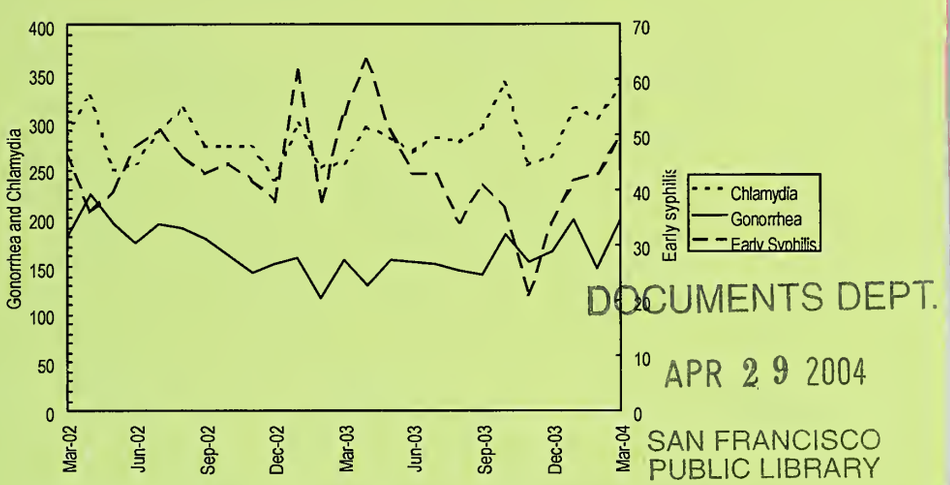

Figure 1. Monthly STD trends for San Francisco. Note different scale for syphilis cases.

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Table 2. Confidential HIV testing among City Clinic patients, March, 2004.

	This year		Last year	
	this month	*year to date*	*this month*	*year to date*
Tests	350	1,051	230	660
Positives	11	40	15	37

Note: All statistics are provisional until the annual report is released for the year. Morbidity is based on date of diagnosis. Totals for past months may change due to delays in reporting from labs and providers.

Table 3. Selected STD cases and rates for San Francisco by age and race/ethnicity, 2004 through March only. Rates equal cases per 100,000 residents per year based on 2000 US Census data.

	(All races)		Asian/PI		African American		Hispanic		White	
	cases	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*
All ages										
Chlamydia	955	491.8	126	199.7	217	1354.8	167	610.0	222	12134.5
Gonorrhea	545	280.7	36	57.1	83	518.2	65	237.4	101	5520.6
Early syphilis	135	69.5	8	12.7	15	93.7	21	76.7	5	273.3
Adolescent (under 20 yrs)										
Chlamydia	183	1424.9	18	330.4	73	4434.8	31	1119.2	39	28097.4
Gonorrhea	25	194.7	0	0.0	15	911.3	2	72.2	3	2161.3
Early syphilis	2	15.6	0	0.0	0	0.0	2	72.2	0	0.0

Editorial Note: Detection of Antiretroviral Drug Resistance of HIV Infection at the San Francisco Municipal STD, City Clinic

Antiretroviral drug resistance to HIV is an important clinical and public health concern. Drug resistance has been reported for all major antiretroviral agents in clinical use. To address this important aspect of HIV care and prevention, starting this year, specimens from persons testing HIV positive at City Clinic were tested for evidence of drug resistance at the Gladstone/UCSF Laboratory of Clinical Virology. From January thru March 2004, among 41 persons with newly detected HIV infection seen at City Clinic, 2 (4.9%) had drug resistant mutations. One patient had resistance to nucleoside reverse transcriptase inhibitors (NRTI) and the other to non-nucleoside reverse transcriptase inhibitors (NNRTI). There were no cases of protease inhibitor (PI) resistance detected.

Monitoring resistance assists clinicians in selecting regimens for treatment and post-exposure prophylaxis that are active against viruses being transmitted in the community. Drug resistance surveillance in STD clinic patients also characterizes a sentinel population who are at risk for transmitting HIV infection. *HMT/JDK*

San Francisco Monthly STD Report

Data for April, 2004
Report prepared June 3, 2004

Table 1. STDs among San Francisco residents, April, 2004.

	This year		Last year	
	this month	*year to date*	*this month*	*year to date*
Gonorrhea	164	710	131	563
Male rectal gonorrhea	32	144	28	101
Chlamydia	293	1,252	294	1,103
Male rectal chlamydia	28	145	30	100
Syphilis (adult total)	56	227	76	260
Primary & secondary	31	114	39	135
Early latent	18	69	25	83
Unknown latent	1	7	0	1
Late latent	6	37	12	41
Neurosyphilis	1	5	2	8
Congenital syphilis	0	0	0	0
PID	10	24	4	14
Adult male shigellosis	3	26	8	37

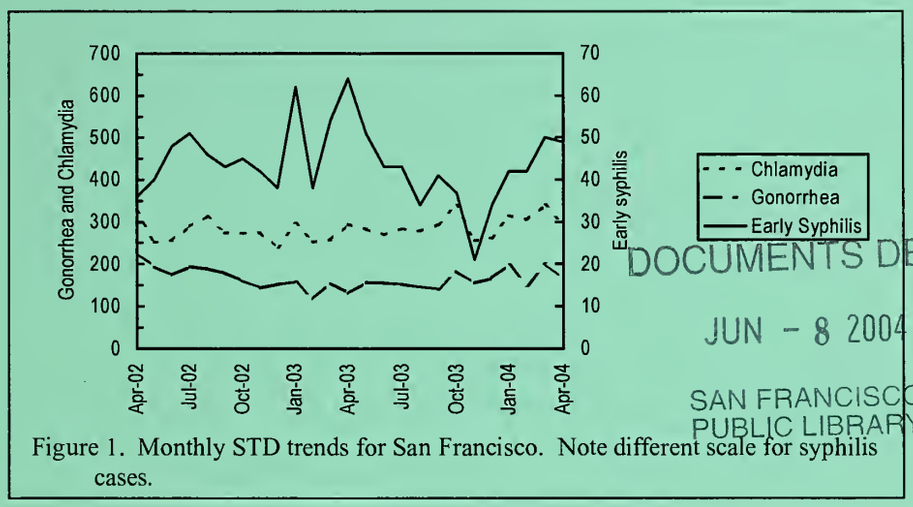

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Figure 1. Monthly STD trends for San Francisco. Note different scale for syphilis cases.

Table 2. Selected STD cases and rates for San Francisco by age and race/ethnicity, 2004 through April only. Rates equal cases per 100,000 residents per year based on 2000 US Census data.

	(All races)		Asian/PI		African American		Hispanic		White	
	cases	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*
All ages										
Chlamydia	1,252	483.6	160	190.2	273	1278.3	211	578.1	299	264.7
Gonorrhea	710	274.2	46	54.7	112	524.4	88	241.1	326	288.6
Early syphilis	183	70.7	9	10.7	19	89.0	39	106.9	110	97.4
Under 20 yrs										
Chlamydia	225	1314.0	23	316.6	90	4100.7	33	893.6	23	622.0
Gonorrhea	35	204.4	2	27.5	19	865.7	2	54.2	5	135.2
Early syphilis	1	5.8	0	0.0	0	0.0	1	27.1	0	0.0

Table 3. HIV testing among City Clinic patients, April, 2004.

	This year		Last year	
	this month	*year to date*	*this month*	*year to date*
Tests	296	1,347	183	843
Antibody positive	9	49	4	41
Acute HIV infection	1	2	N/A	N/A
% Antiviral resistance (any)*	0	4	N/A	N/A

**Complete information at www.sfcityclinic.org/providers/resistance.pdf*

Table 4. Methamphetamine-related admissions to SFGH Emergency Department, April, 2004.

	This year		Last year	
	this month	*year to date*	*this month*	*year to date*
Female	11	52	N/A	N/A
Male	45	183	N/A	N/A

Note: All statistics are provisional until the annual report is released for the year. Morbidity is based on date of diagnosis. Totals for past months may change due to delays in reporting from labs and providers.

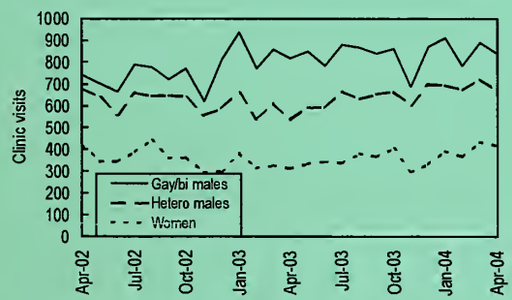

Figure 2. City Clinic visits by gender and sexual orientation.

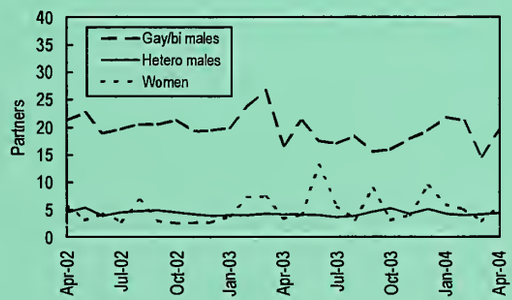

Figure 3. Average number of sex partners past 12 months for City Clinic visits by gender and sexual orientation.

Editorial Note: Syphilis-related death and reminder of the need for close clinical follow-up for all patients treated for syphilis

Neurosyphilis can result in devastating neurological consequences, and rarely, in death. In 2003, there was a syphilis-related death in San Francisco. In August 2003, an HIV-infected, 47 year-old man sought medical care for blurred vision, hearing loss, and increased difficulty walking. He was diagnosed and treated for neurosyphilis, which required hospitalization and 14 days of treatment with intravenous penicillin. He died one month later. An autopsy revealed complications of syphilis in his heart and brain. He had a history of syphilis treatment 25 years prior to his death.

This case illustrates the need for close clinical follow-up for all patients treated for syphilis, including those who are HIV-infected. Clinicians are reminded that Bicillin® L-A (long-acting), 2.4 MU benzathine penicillin G, is the appropriate treatment. Bicillin® C-R (1.2 MU benzathine penicillin G and 1.2 MU procaine penicillin G) is not recommended. If you would like to obtain Bicillin® L-A, please contact Deborah Williams-Taki at 415-487-5514. *WW/CKK*

Department of Public Health

San Francisco Monthly STD Report

Data for May, 2004
Report prepared June 23, 2004

Table 1. STDs among San Francisco residents, May, 2004.

	This year		Last year	
	this month	*year to date*	*this month*	*year to date*
Gonorrhea	170	885	157	720
Male rectal gonorrhea	29	173	30	131
Chlamydia	320	1,595	283	1,386
Male rectal chlamydia	34	179	27	127
Syphilis (adult total)	55	284	57	317
Primary & secondary	31	146	36	171
Early latent	13	83	15	98
Unknown latent	0	7	0	1
Late latent	11	48	6	47
Neurosyphilis	1	6	1	9
Congenital syphilis	0	0	0	0
PID	6	30	3	17
Adult male shigellosis	7	33	5	42

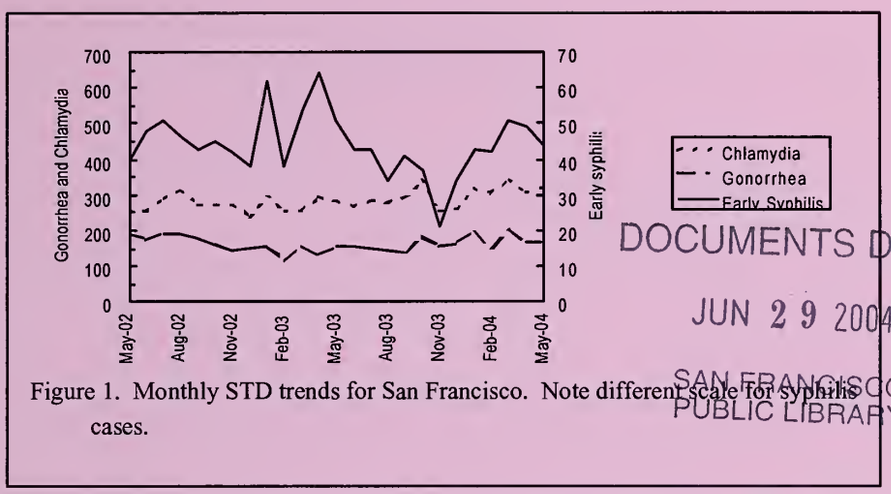

Figure 1. Monthly STD trends for San Francisco. Note different scale for syphilis cases.

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Table 2. Selected STD cases and rates for San Francisco by age and race/ethnicity, 2004 through May only. Rates equal cases per 100,000 residents per year based on 2000 US Census data.

	(All races)		Asian/PI		African American		Hispanic		White	
	cases	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*
All ages										
Chlamydia	1,595	492.8	207	196.9	350	1311.1	254	556.7	384	271.9
Gonorrhea	885	273.5	56	53.3	136	509.4	106	232.3	411	291.1
Early syphilis	229	70.8	15	14.3	24	89.9	48	105.2	135	95.6
Under 20 yrs										
Chlamydia	285	1331.5	28	308.4	118	4301.1	41	888.2	26	562.5
Gonorrhea	40	186.9	2	22.0	20	729.0	3	65.0	7	151.4
Early syphilis	1	4.7	0	0.0	0	0.0	1	21.7	0	0.0

Table 3. HIV testing among City Clinic patients, May, 2004.

	This year		Last year	
	this month	*year to date*	*this month*	*year to date*
Tests	296	1,643	231	1,074
Antibody positive	8	57	4	45
Acute HIV infection	0	2	N/A	N/A
% Antiviral resistance (any)*	0	4	N/A	N/A

**Complete information at www.sfcityclinic.org/providers/resistance.pdf*

Table 4. Methamphetamine-related visits to SFGH Emergency Departments, May, 2004.

	This year		Last year	
	this month	*year to date*	*this month*	*year to date*
Male	49	242	N/A	N/A
Female	13	65	N/A	N/A

Note: All statistics are provisional until the annual report is released for the year. Morbidity is based on date of diagnosis. Totals for past months may change due to delays in reporting from labs and providers.

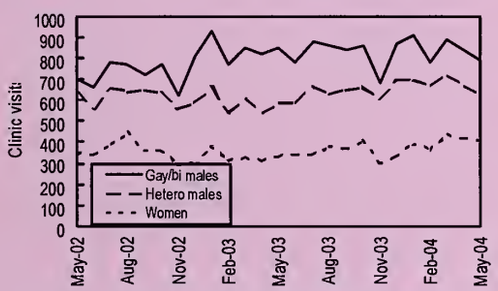

Figure 2. City Clinic visits by gender and sexual orientation.

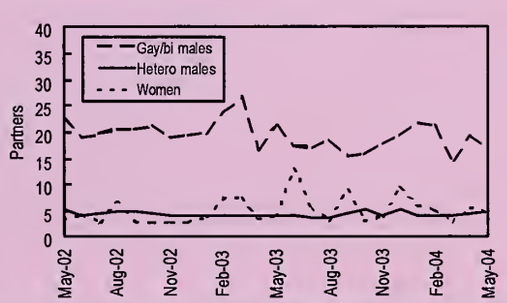

Figure 3. Average number of sex partners past 12 months for City Clinic visits by gender and sexual orientation.

Editorial Note: New Information in the San Francisco Monthly STD Report

Last month we modified this report to include additional information. In table 1, we added male rectal chlamydia to highlight that men who have sex with men are at risk for chlamydia and should be screened. Of note, rectal chlamydia is as common as rectal gonorrhea, the traditional marker of unprotected receptive anal sex. In addition, more regular information about acute HIV infections and antiviral resistant HIV infections were added to table 3. These topics were featured in the February and March 2004 editorials of this report.

In order to evaluate STD trends and behavioral risks, we added figures 2 and 3 and table 4. Figure 2 provides data about how many people sought services at the municipal STD clinic, and figure 3 details the number of partners in the last two months of people seen at the clinic. Because methamphetamine increases risk for HIV and other STDs, trends in methamphetamine use may impact STD and HIV trends. Therefore, in order to track methamphetamine trends, we added information about methamphetamine-related admissions to SFGH Emergency Departments (general and psychiatric). If you have any questions about this information, please contact Charlotte Kent at charlotte.kent@sfdph.org. *CKK*

San Francisco Monthly STD Report

Data for June, 2004
Report prepared August 3, 2004

Table 1. STDs among San Francisco residents, June, 2004.

	This year		Last year	
	this month	*year to date*	*this month*	*year to date*
Gonorrhea	163	1,060	155	875
Male rectal gonorrhea	25	200	28	159
Chlamydia	300	1,915	269	1,655
Male rectal chlamydia	32	215	30	157
Syphilis (adult total)	65	350	52	369
Primary & secondary	31	180	25	196
Early latent	23	104	18	116
Unknown latent	1	8	0	1
Late latent	10	58	9	56
Neurosyphilis	0	7	0	9
Congenital syphilis	0	0	0	0
PID	2	32	9	26
Adult male shigellosis	1	34	15	57

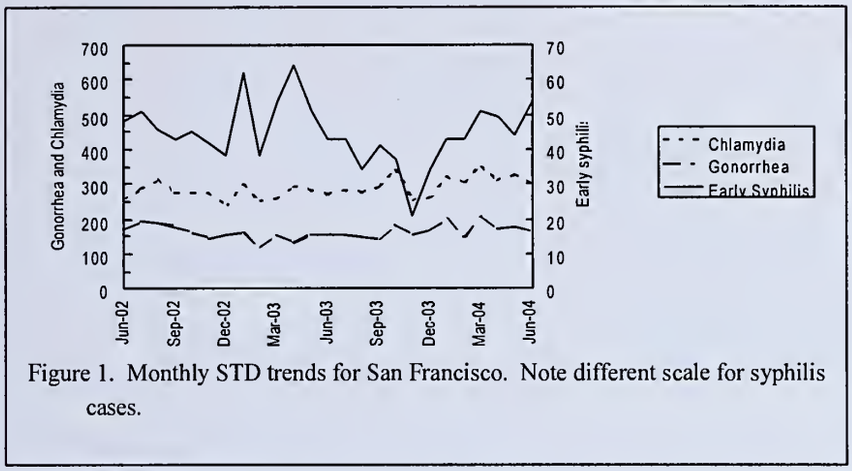

Figure 1. Monthly STD trends for San Francisco. Note different scale for syphilis cases.

Table 2. Selected STD cases and rates for San Francisco by age and race/ethnicity, 2004 through June only. Rates equal cases per 100,000 residents per year based on 2000 US Census data.

	(All races)		Asian/PI		African American		Hispanic		White	
	cases	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*
All ages										
Chlamydia	1,915	493.1	247	195.7	424	1323.6	297	542.5	462	272.6
Gonorrhea	1,060	272.9	72	57.1	154	480.7	125	228.3	497	293.3
Early syphilis	284	73.1	22	17.4	29	90.5	61	111.4	164	96.8
Under 20 yrs										
Chlamydia	348	1354.8	31	284.5	144	4374.0	55	992.9	31	558.9
Gonorrhea	50	194.7	2	18.4	21	637.9	4	72.2	11	198.3
Early syphilis	1	3.9	0	0.0	0	0.0	1	18.1	0	0.0

Table 3. HIV testing among City Clinic patients, June, 2004.

	This year		Last year	
	this month	*year to date*	*this month*	*year to date*
Tests	334	1,977	201	1,275
Antibody positive	9	66	10	55
Acute HIV infection	1	3	N/A	N/A
% Antiviral resistance (any)*	0	3	N/A	N/A

**Complete information at www.sfcityclinic.org/providers/resistance.pdf*

Table 4. Methamphetamine-related visits to SFGH Emergency Departments, June, 2004.

	This year		Last year	
	this month	*year to date*	*this month*	*year to date*
Male	48	290	N/A	N/A
Female	12	77	N/A	N/A

Note: All statistics are provisional until the annual report is released for the year. Morbidity is based on date of diagnosis. Totals for past months may change due to delays in reporting from labs and providers.

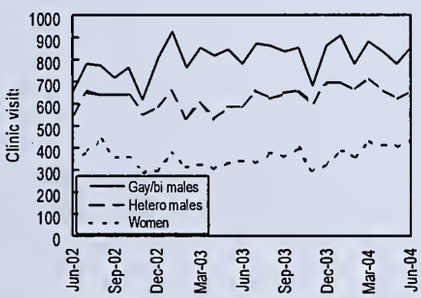

Figure 2. City Clinic visits by gender and sexual orientation.

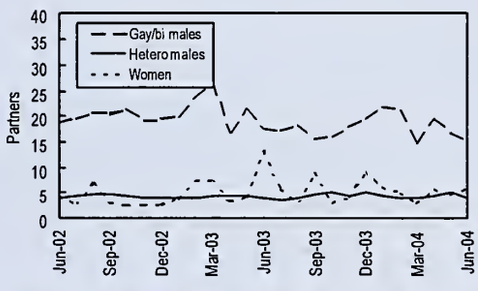

Figure 3. Average number of sex partners past 12 months for City Clinic visits by gender and sexual orientation.

Editorial Note: Magnet, San Francisco's Gay Men's Community Health Center, July 2003 – June 2004

Magnet, the new gay men's community health center opened on July, 2003. It offers sexual health services and community events for gay men in a storefront location in the Castro neighborhood in San Francisco. Sexual health services include STD testing (rectal, pharyngeal and urethral screening for chlamydia and gonorrhea, and syphilis screening) and STD treatment, HIV counseling and testing, and hepatitis immunization. Other health and wellness services include mental health and substance use counseling, acupuncture, and massage therapy. Community collaborative partners include the San Francisco Department of Public Health, San Francisco General Hospital, UCSF AIDS Health Project, the Stonewall Project, the San Francisco Mayor's Office, and Bristol-Myers-Squibb Virology.

Magnet has been a very successful screening site for STDs. After the STD Clinic, Magnet detects the most STDs in men in San Francisco. During its first year Magnet identified 178 cases of chlamydia (3.6% of those tested), 252 of gonorrhea (5.1% of those tested), and 40 of early syphilis (2.2% of those tested). In addition, 27 asymptomatic contacts to syphilis were treated from April through June 2004, and 796 hepatitis A/B vaccinations were administered during this period.

Magnet is located at 4122 18th Street in San Francisco (www.magnetsf.org). For additional information, please contact Steve Gibson at 415-581-1609. *WW/SG*

Department of Public Health

San Francisco Monthly STD Report

Data for July, 2004
Report prepared August 20, 2004

Table 1. STDs among San Francisco residents, July, 2004.

	This year		Last year	
	this month	*year to date*	*this month*	*year to date*
Gonorrhea	159	1,221	152	1,027
Male rectal gonorrhea	27	226	18	177
Chlamydia	326	2,243	284	1,939
Male rectal chlamydia	38	253	22	179
Syphilis (adult total)	44	388	48	417
Primary & secondary	22	199	26	222
Early latent	13	113	17	133
Unknown latent	0	8	0	1
Late latent	9	68	5	61
Neurosyphilis	2	9	0	9
Congenital syphilis	0	0	0	0
PID	5	37	1	27
Adult male shigellosis	3	37	5	62

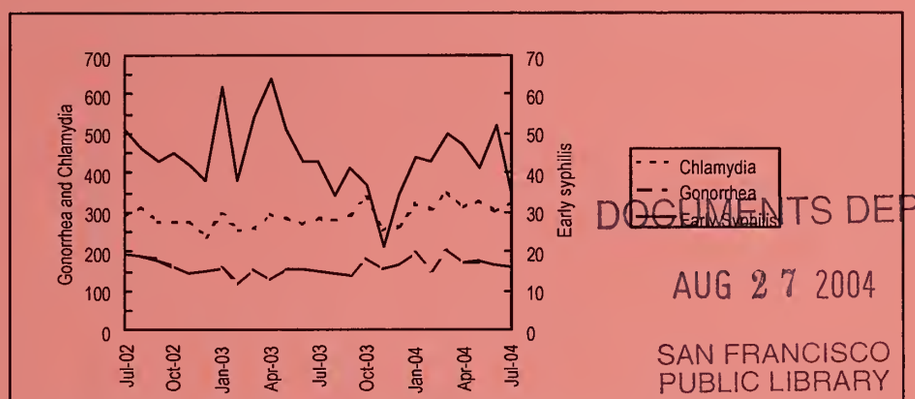

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Figure 1. Monthly STD trends for San Francisco. Note different scale for syphilis cases.

Table 2. Selected STD cases and rates for San Francisco by age and race/ethnicity, 2004 through July only. Rates equal cases per 100,000 residents per year based on 2000 US Census data.

	(All races)		Asian/PI		African American		Hispanic		White	
	cases	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*
All ages										
Chlamydia	2,243	495.0	287	195.0	509	1361.9	338	529.1	529	267.6
Gonorrhea	1,221	269.5	83	56.4	182	487.0	139	217.6	570	288.3
Early syphilis	312	68.9	24	16.3	27	72.2	67	104.9	183	92.6
Under 20 yrs										
Chlamydia	416	1388.2	39	306.8	176	4582.3	61	943.9	35	540.8
Gonorrhea	58	193.6	3	23.6	25	650.9	5	77.4	12	185.4
Early syphilis	1	3.3	0	0.0	0	0.0	1	15.5	0	0.0

Table 3. HIV testing among City Clinic patients, July, 2004.

	This year		Last year	
	this month	*year to date*	*this month*	*year to date*
Tests	326	2,304	217	1,492
Antibody positive	13	79	4	59
Acute HIV infection	1	5	N/A	N/A
% Antiviral resistance (any)*	0	3	N/A	N/A

*Complete information at www.sfcityclinic.org/providers/resistance.pdf

Table 4. Methamphetamine-related visits to SFGH Emergency Departments, July, 2004.

	This year		Last year	
	this month	*year to date*	*this month*	*year to date*
Male	48	338	N/A	N/A
Female	9	86	N/A	N/A

Note: All statistics are provisional until the annual report is released for the year. Morbidity is based on date of diagnosis. Totals for past months may change due to delays in reporting from labs and providers.

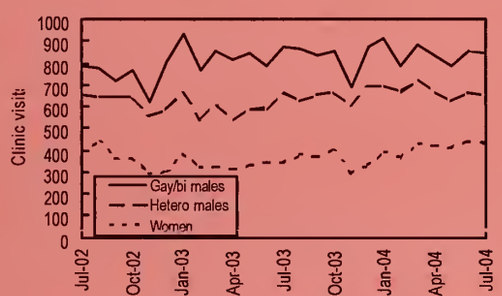

Figure 2. City Clinic visits by gender and sexual orientation.

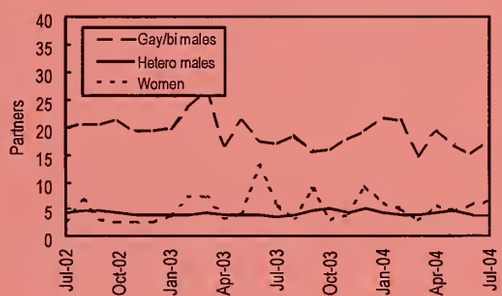

Figure 3. Average number of sex partners past 12 months for City Clinic visits by gender and sexual orientation.

Editorial Note: Gender of sex partners now a reportable element for STDs

There has been a directive from the Center for Disease Control and Prevention to collect data on the gender of sex partners for all reportable STDs. The purpose of collecting this information is to follow the trends of STDs more closely in subpopulations and to develop appropriate, targeted prevention strategies in San Francisco.

For all persons diagnosed with a reportable disease the provider is required to report the patient name, SSN, birth date, address, phone number, gender, and occupation. Specifically for STDs, the provider must also report diagnosis, anatomic site (in the case of syphilis the tests performed), treatment, and in San Francisco County, gender of partner(s). We may contact providers to obtain missing reportable elements. Syphilis must be reported within one day, while all other STDs must be reported within seven days. Reporting to the public health department is not a violation of any HIPAA requirements.

The Confidential Morbidity Report (CMR) is available on the Department of Public Health website at www.dph.sf.ca.us/php/cdcu/cmrmain.htm or copies can be requested by calling the SFDPH at 415-554-2830. *SM/CKK*

San Francisco Department of Public Health

San Francisco Monthly STD Report

Data for August, 2004
Report prepared September 21, 2004

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Table 1. STDs among San Francisco residents, August, 2004.

	This year		Last year	
	this month	*year to date*	*this month*	*year to date*
Gonorrhea	153	1,386	146	1,173
Male rectal gonorrhea	31	257	27	204
Chlamydia	269	2,527	278	2,217
Male rectal chlamydia	24	282	27	206
Syphilis (adult total)	59	450	48	465
Primary & secondary	28	231	19	241
Early latent	19	130	15	148
Unknown latent	0	8	2	3
Late latent	12	81	12	73
Neurosyphilis	0	9	2	11
Congenital syphilis	0	0	0	0
PID	3	40	5	32
Adult male shigellosis	9	46	8	70

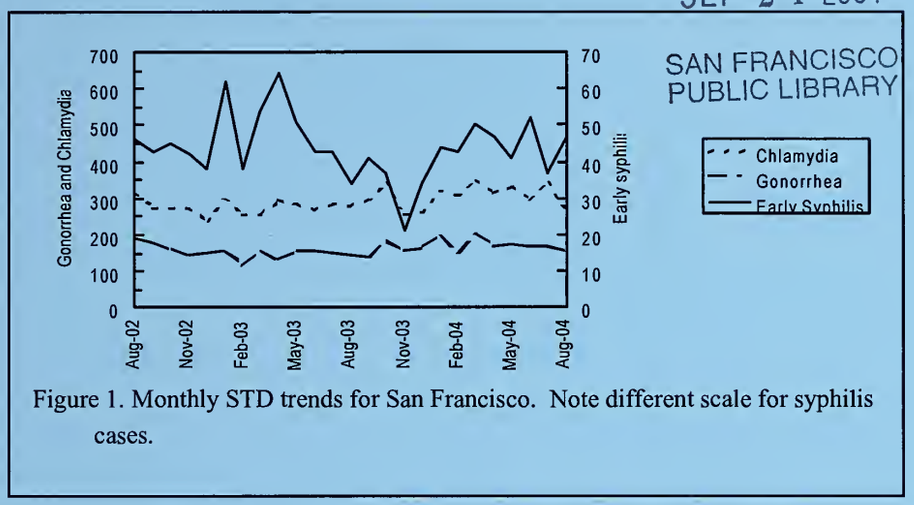

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Figure 1. Monthly STD trends for San Francisco. Note different scale for syphilis cases.

Table 2. Selected STD cases and rates for San Francisco by age and race/ethnicity, 2004 through August only. Rates equal cases per 100,000 residents per year based on 2000 US Census data.

	(All races)		Asian/PI		African American		Hispanic		White	
	cases	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*
All ages										
Chlamydia	2,527	488.0	319	189.6	581	1,360.2	383	524.6	594	262.9
Gonorrhea	1,386	267.7	94	55.9	216	505.7	162	221.9	641	283.7
Early syphilis	361	69.7	30	17.8	34	79.6	78	106.9	203	89.9
Under 20 yrs										
Chlamydia	475	1,386.9	42	289.1	207	4,715.8	66	893.6	44	594.9
Gonorrhea	69	201.5	3	20.7	31	706.2	9	121.9	12	162.3
Early syphilis	1	2.9	0	0.0	0	0.0	1	13.5	0	0.0

Table 3. HIV testing among City Clinic patients, August, 2004.

	This year		Last year	
	this month	*year to date*	*this month*	*year to date*
Tests	343	2,647	230	1,722
Antibody positive	8	87	13	72
Acute HIV infection	0	5	N/A	N/A
Antiviral resistance (any)*	7%	3%	N/A	N/A

**Complete information at www.sfcityclinic.org/providers/resistance.pdf*

Table 4. Methamphetamine-related visits to SFGH Emergency Departments, August, 2004.

	This year		Last year	
	this month	*year to date*	*this month*	*year to date*
Male	61	399	N/A	N/A
Female	12	98	N/A	N/A

Note: All statistics are provisional until the annual report is released for the year. Morbidity is based on date of diagnosis. Totals for past months may change due to delays in reporting from labs and providers.

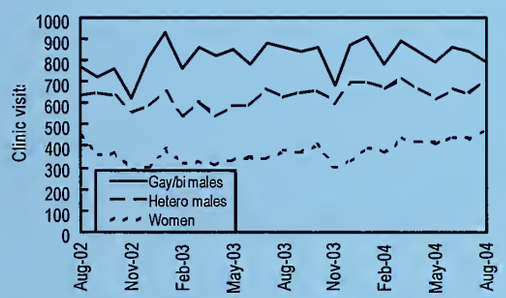

Figure 2. City Clinic visits by gender and sexual orientation.

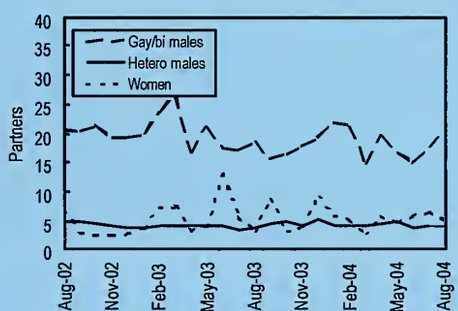

Figure 3. Average number of sex partners past 12 months for City Clinic visits by gender and sexual orientation.

Editorial Note: Reported number of partners doubled among gay-bisexual men: San Francisco, 1995-2003

We examined the average number of sex partners reported in the last two months by gay-bisexual men seen at the San Francisco municipal STD clinic between 1995-2003. The average number of reported partners more than doubled from 3.8 partners in 1995 to 7.9 in 2003. In addition, the average number of partners was significantly higher among HIV-infected men than HIV-uninfected men. During this same time, the number of visits by gay-bisexual men to the clinic increased three-fold, from 1,368 visits in 1995 to 4,536 in 2003.

These data suggest that over the last eight years more gay-bisexual men have been having more partners. This would explain, in part, the observed increases in syphilis, gonorrhea, and chlamydia over the past five years. Community STD/HIV prevention efforts targeting gay-bisexual men now are promoting reductions in risky sex through partner reduction and increased condom use. *CKK*

San Francisco Department of Public Health

San Francisco Monthly STD Report

Data for September, 2004
Report prepared October 29, 2004

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Table 1. STDs among San Francisco residents, September, 2004.

	This year		Last year	
	this month	*year to date*	*this month*	*year to date*
Gonorrhea	185	1,574	141	1,314
Male rectal gonorrhea	16	273	35	239
Chlamydia	309	2,855	294	2,510
Male rectal chlamydia	25	306	24	230
Syphilis (adult total)	58	513	52	517
Primary & secondary	28	263	27	268
Early latent	20	149	14	162
Unknown latent	1	9	1	4
Late latent	9	92	10	83
Neurosyphilis	3	13	0	11
Congenital syphilis	1	1	0	0
PID	2	42	8	40
Adult male shigellosis	7	53	14	84

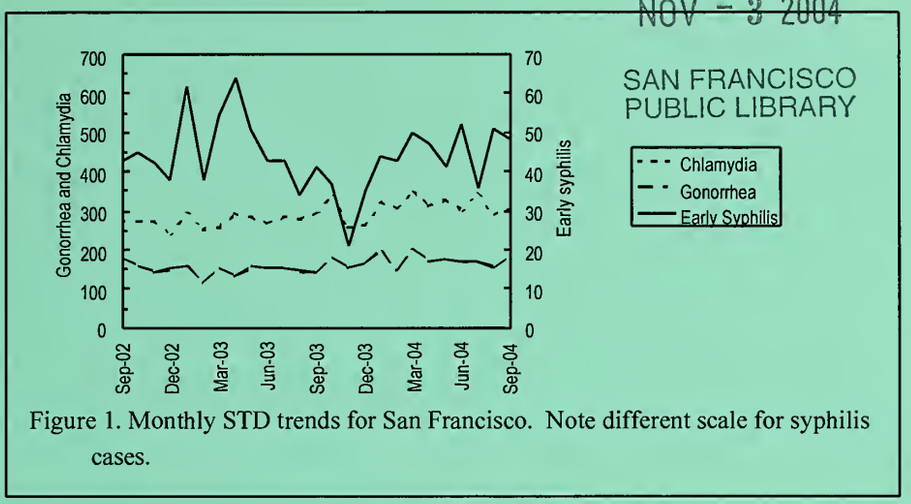

Figure 1. Monthly STD trends for San Francisco. Note different scale for syphilis cases.

Table 2. Selected STD cases and rates for San Francisco by age and race/ethnicity, 2004 through September only. Rates equal cases per 100,000 residents per year based on 2000 US Census data.

	(All races)		Asian/PI		African American		Hispanic		White	
	cases	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*
All ages										
Chlamydia	2,855	490.1	356	188.1	672	1,398.5	440	535.8	671	264.0
Gonorrhea	1,574	270.2	103	54.4	249	518.2	183	222.8	724	284.8
Early syphilis	412	70.7	34	18.0	37	77.0	91	110.8	232	91.3
Under 20 yrs										
Chlamydia	537	1,393.8	49	299.8	238	4,819.5	77	926.7	50	600.9
Gonorrhea	80	207.6	3	18.4	34	688.5	10	120.4	12	144.2
Early syphilis	1	2.6	0	0.0	0	0.0	1	12.0	0	0.0

Table 3. HIV testing among City Clinic patients, September, 2004.

	This year		Last year	
	this month	*year to date*	*this month*	*year to date*
Tests	313	2,960	247	1,969
Antibody positive	15	102	7	79
Acute HIV infection	0	5	N/A	N/A
Antiviral resistance (any)*	29%	9%	N/A	N/A

**Complete information at www.sfcityclinic.org/providers/resistance.pdf*

Table 4. Methamphetamine-related visits to SFGH Emergency Departments, September, 2004.

	This year		Last year	
	this month	*year to date*	*this month*	*year to date*
Male	38	437	N/A	N/A
Female	10	108	N/A	N/A

Note: All statistics are provisional until the annual report is released for the year. Morbidity is based on date of diagnosis. Totals for past months may change due to delays in reporting from labs and providers.

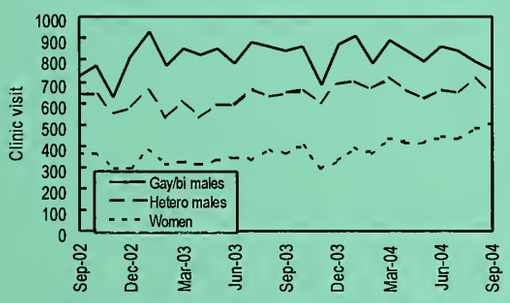

Figure 2. City Clinic visits by gender and sexual orientation.

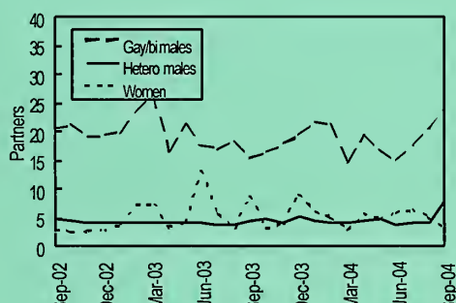

Figure 3. Average number of sex partners past 12 months for City Clinic visits by gender and sexual orientation.

Editorial Note: Low chlamydia screening coverage in sexually active young women: United States and San Francisco

Chlamydia in women can lead to pelvic inflammatory disease, chronic pelvic pain and infertility. Young women are at highest risk for infection. As a result, the Centers for Disease Control and Prevention (CDC), and other key organizations, have recommended *routine chlamydia screening for pregnant women and sexually active women younger than 26 years*. To evaluate rates of chlamydia screening in this target population, CDC analyzed 2001 data from the national Health Plan Employer Data and Information Set (HEDIS) reported by Medicaid and commercial health insurance plans. In 2001, only 26% of young, eligible women enrolled in commercial plans were screened, and 38% of Medicaid enrollees. Analysis of 2003 data from San Francisco, suggests that only about 50% of sexually active young women seeking family planning services were screened for chlamydia.

While chlamydia screening coverage in San Francisco is substantially higher than the national average, it is still very low. System-level interventions in clinical settings have been shown to increase screening. STD Prevention and Control Services will begin working with providers to assist them in increasing chlamydia screening coverage in young women. *CKK*

Department of Public Health

San Francisco Monthly STD Report

Data for October, 2004
Report prepared November 22, 2004

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able 1. STDs among San Francisco residents, October, 2004.

	This year		Last year	
	this month	*year to date*	*this month*	*year to date*
onorrhea	185	1,769	183	1,496
Male rectal gonorrhea	34	308	34	273
hlamydia	272	3,152	341	2,851
Male rectal chlamydia	32	342	33	263
yphilis (adult total)	54	568	49	566
Primary & secondary	22	284	25	293
Early latent	24	173	12	174
Unknown latent	0	8	1	5
Late latent	8	103	11	94
eurosyphilis	1	15	3	14
ongenital syphilis	0	1	0	0
ID	3	45	5	45
dult male shigellosis	6	59	5	89

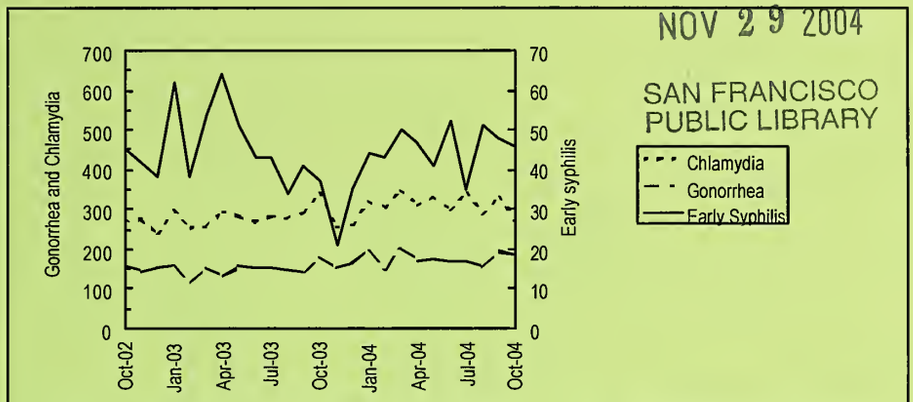

Figure 1. Monthly STD trends for San Francisco. Note different scale for syphilis cases.

Table 2. Selected STD cases and rates for San Francisco by age and race/ethnicity, 2004 through October only. Rates equal cases per 100,000 residents per year based on 2000 US Census data.

	(All races)		Asian/PI		African American		Hispanic		White	
	cases	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*
All ages										
Chlamydia	3,152	487.0	391	185.9	746	1,397.2	477	522.7	743	263.1
Gonorrhea	1,769	273.3	118	56.1	286	535.7	206	225.8	805	285.0
Early syphilis	457	70.6	39	18.5	43	80.5	94	103.0	256	90.6
Under 20 yrs										
Chlamydia	581	1,357.2	52	286.4	261	4,756.8	81	877.3	52	562.5
Gonorrhea	91	212.6	3	16.5	37	674.3	13	140.8	13	140.6
Early syphilis	1	2.3	0	0.0	0	0.0	1	10.8	0	0.0

able 3. HIV testing among City Clinic patients, October, 2004.

	This year		Last year	
	this month	*year to date*	*this month*	*year to date*
ests	266	3,226	264	2,233
ntibody positive	9	111	14	93
cute HIV infection	4	9	N/A	N/A
ntiviral resistance (any)*	33%	11%	N/A	N/A

Complete information at www.sfcityclinic.org/providers/resistance.pdf

able 4. Methamphetamine-related visits to FGH Emergency Departments, October, 2004.

	This year		Last year	
	this month	*year to date*	*this month*	*year to date*
lale	49	486	N/A	N/A
emale	17	126	N/A	N/A

Note: All statistics are provisional until the annual report is released for the year. Morbidity is based on date of diagnosis. Totals for past months may change due to delays in reporting from labs and providers.

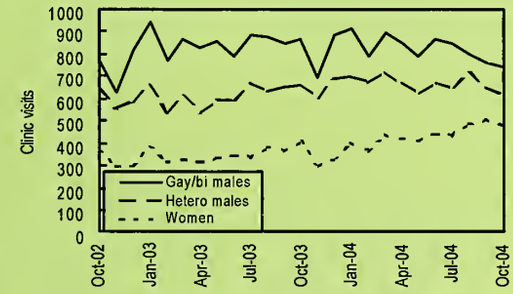

Figure 2. City Clinic visits by gender and sexual orientation.

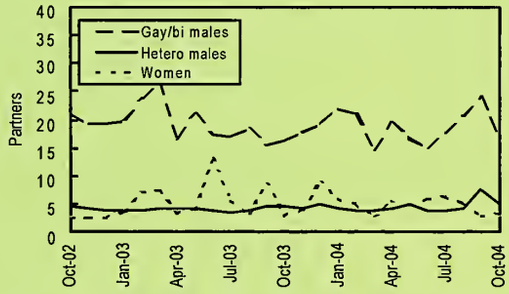

Figure 3. Average number of sex partners past 12 months for City Clinic visits by gender and sexual orientation.

Editorial Note: Marked decline in gonorrhea among African-Americans living in San Francisco

Overall, in the United States gonorrhea rates are 20 times higher among African Americans than whites. In San Francisco during 2003, rates were only two times higher among African Americans than whites, but this varied substantially by gender. Among females gonorrhea rates were 15 times higher among African Americans than whites, while among males rates were only 0.4 times higher in African Americans. (These differences by gender are a result of the high prevalence of gonorrhea among men who have sex with men in San Francisco.) STD Prevention and Control Services has two screening and prevention programs to reduce health disparities in rates of STDs among African Americans: adult and youth detention STD screening, and our youth peer education and outreach program – Youth United Through Health Education (YUTHE).

Between, 1999 and 2003 gonorrhea rates fell by 51% among African American females, and among African American adolescents by 53%. Data through October 2004, suggest continuing declines among African American females and adolescents in 2004. Also of note, San Francisco is the only county in California seeing declining gonorrhea rates in females. *CKK*

San Francisco Department of Public Health

San Francisco Monthly STD Report

Data for November, 2004
Report prepared December 22, 2004

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Table 1. STDs among San Francisco residents, November, 2004.

	This year		Last year	
	this month	*year to date*	*this month*	*year to date*
Gonorrhea	195	1,962	155	1,651
Male rectal gonorrhea	32	340	18	291
Chlamydia	260	3,411	255	3,106
Male rectal chlamydia	19	361	23	286
Syphilis (adult total)	52	622	27	595
Primary & secondary	32	317	15	310
Early latent	15	186	6	180
Unknown latent	0	8	0	5
Late latent	5	111	6	100
Neurosyphilis	1	16	3	17
Congenital syphilis	0	1	0	0
PID	1	46	2	47
Adult male shigellosis	6	64	2	91

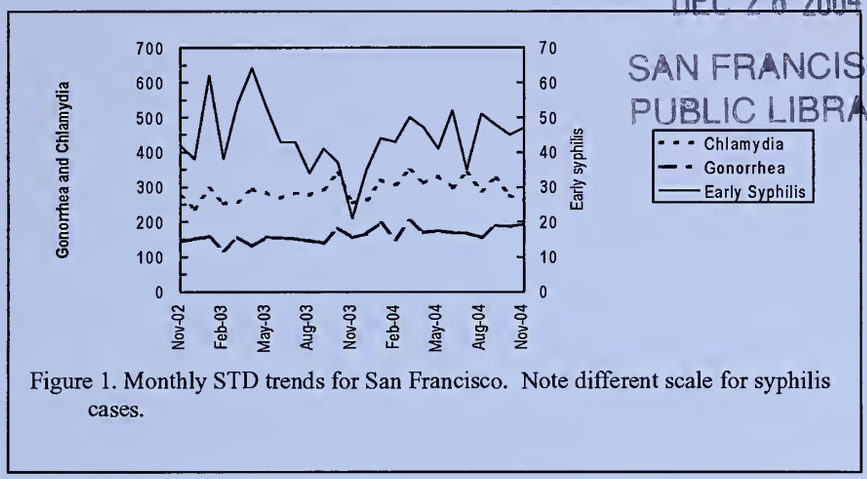

Figure 1. Monthly STD trends for San Francisco. Note different scale for syphilis cases.

Table 2. Selected STD cases and rates for San Francisco by age and race/ethnicity, 2004 through November only. Rates equal cases per 100,000 residents per year based on 2000 US Census data.

	(All races)		Asian/PI		African American		Hispanic		White	
	cases	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*
All ages										
Chlamydia	3,411	479.1	424	183.3	815	1,387.7	523	521.0	797	256.6
Gonorrhea	1,962	275.6	132	57.1	322	548.3	231	230.1	887	285.5
Early syphilis	503	70.7	47	20.3	44	74.9	104	103.6	283	91.1
Under 20 yrs										
Chlamydia	627	1,331.5	58	290.4	277	4,589.4	95	935.4	56	550.7
Gonorrhea	102	216.6	6	30.0	39	646.2	14	137.9	14	137.7
Early syphilis	1	2.1	0	0.0	0	0.0	1	9.9	0	0.0

Table 3. HIV testing among City Clinic patients, November, 2004.

	This year		Last year	
	this month	*year to date*	*this month*	*year to date*
Tests	255	3,481	219	2,452
Antibody positive	9	120	9	102
Acute HIV infection	1	10	N/A	N/A
Antiviral resistance (any)*	17%	11%	N/A	N/A

**Complete information at www.sfcityclinic.org/providers/resistance.pdf*

Table 4. Methamphetamine-related visits to SFGH Emergency Departments, November, 2004.

	This year		Last year	
	this month	*year to date*	*this month*	*year to date*
Male	55	541	N/A	N/A
Female	11	137	N/A	N/A

Note: All statistics are provisional until the annual report is released for the year. Morbidity is based on date of diagnosis. Totals for past months may change due to delays in reporting from labs and providers.

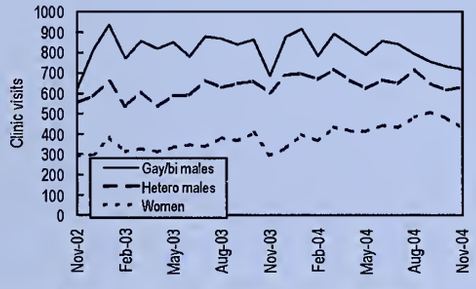

Figure 2. City Clinic visits by gender and sexual orientation.

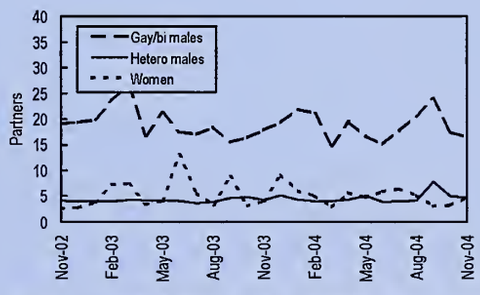

Figure 3. Average number of sex partners past 12 months for City Clinic visits by gender and sexual orientation.

Editorial Note: Lymphogranuloma Venereum (LGV) Infection in San Francisco

We recently identified nine MSM infected with lymphogranuloma venereum (LGV), an invasive form of *Chlamydia trachomatis* with significant morbidity and potentially life-threatening sequelae. These are the first cases of LGV in San Francisco since 2001 (only 3 since 1998) and follow a recent outbreak of 92 cases among MSM in the Netherlands plus additional cases in Belgium, France, Sweden, and Atlanta, GA. Primary infection may be asymptomatic or denoted by a small, painless ulcer occurring 3-30 days post-exposure. More common symptoms include tender lymph nodes in the groin and proctitis (blood/mucus in stool, cramping) from anal exposure. This ulcerative disease may increase the risk of transmitting blood-born diseases such as HIV. Diagnosis may be confirmed by serological tests, including a complement fixation test titer =1:64, or a microimmuno-fluorescence (MIF) test titer =1:256. Reporting positive chlamydia diagnostic tests and positive chlamydia serologic tests for the LGV serovars (L1, L2, and L3) is required (415-487-5555). The CDC-recommended treatment for LGV infection is doxycycline, 100 mg PO bid x 21 days. An alternative treatment is azithromycin (1 g PO / week x 3 weeks); however, clinical data on this treatment is limited. Sex partners within the past 30 days of an LGV-infected patient should be contacted and treated with either azithromycin (1 g PO once), or doxycycline (100 mg PO bid x 7 days). *–SJM/CKK*

San Francisco Monthly STD Report

Data for December, 2004
Report prepared February 4, 2005

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able 1. STDs among San Francisco residents, December, 2004.

	This year		Last year	
	this month	*year to date*	*this month*	*year to date*
onorrhea	201	2,180	166	1,817
Male rectal gonorrhea	34	376	21	312
hlamydia	260	3,703	264	3,371
Male rectal chlamydia	30	395	30	316
yphilis (adult total)	50	680	45	640
Primary & secondary	30	350	24	334
Early latent	16	203	11	191
Unknown latent	0	8	0	5
Late latent	4	119	10	110
eurosyphilis	0	16	1	19
ongenital syphilis	0	1	0	0
ID	4	50	5	52
dult male shigellosis	13	77	5	96

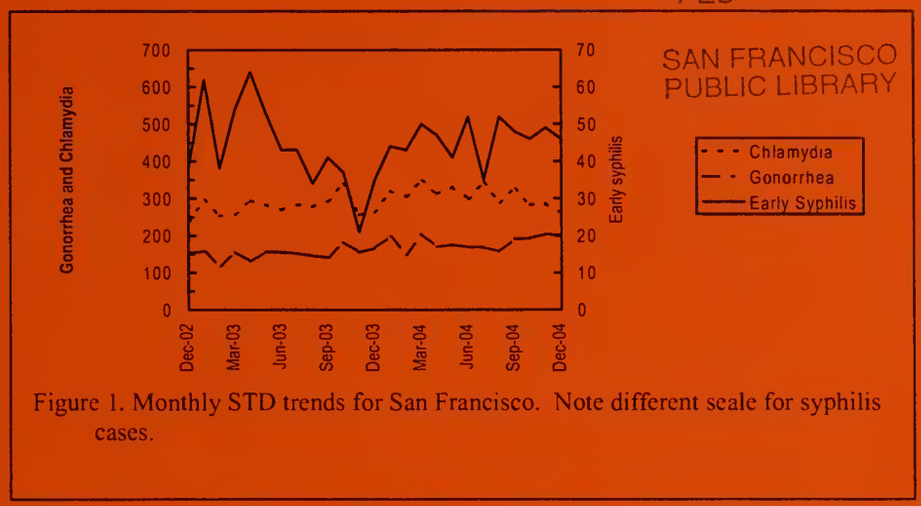

Figure 1. Monthly STD trends for San Francisco. Note different scale for syphilis cases.

able 3. HIV testing among City Clinic patients, December, 2004.

	This year		Last year	
	this month	*year to date*	*this month*	*year to date*
ests	308	3,789	325	2,777
ntibody positive	20	140	7	109
eute HIV infection	0	10	N/A	N/A
ntiviral resistance (any)*	20%	12%	N/A	N/A

Complete information at www.sfcityclinic.org/providers/resistance.pdf

Table 2. Selected STD cases and rates for San Francisco by age and race/ethnicity, 2004 through December. Rates equal cases per 100,000 residents per year based on 2000 US Census data.

	(All races)		Asian/PI		African American		Hispanic		White	
	cases	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*
All ages										
Chlamydia	3,703	476.7	457	181.1	884	1,379.7	559	510.5	869	256.4
Gonorrhea	2,180	280.7	138	54.7	361	563.5	259	236.5	990	292.1
Early syphilis	553	71.2	48	19.0	50	78.0	112	102.3	311	91.8
Under 20 yrs										
Chlamydia	677	1,317.8	61	279.9	301	4,571.5	101	911.6	63	567.9
Gonorrhea	108	210.2	6	27.5	42	637.9	17	153.4	14	126.2
Early syphilis	1	2.0	0	0.0	0	0.0	1	9.0	0	0.0

able 4. Methamphetamine-related visits to FGH Emergency Departments, December, 004. (Source: SAMHSA/OAS/DAWN)

	This year		Last year	
	this month	*year to date*	*this month*	*year to date*
lale	54	595	N/A	N/A
emale	10	147	N/A	N/A

Note: All statistics are provisional until the annual report is released for the year. Morbidity is based on date of diagnosis. Totals for past months may change due to delays in reporting from labs and providers.

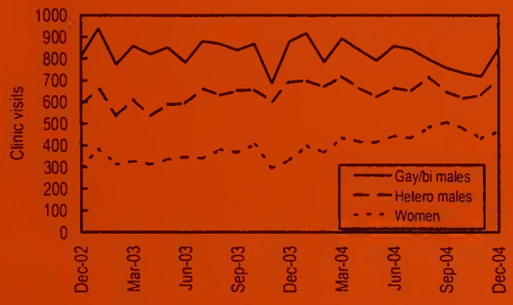

Figure 2. City Clinic visits by gender and sexual orientation.

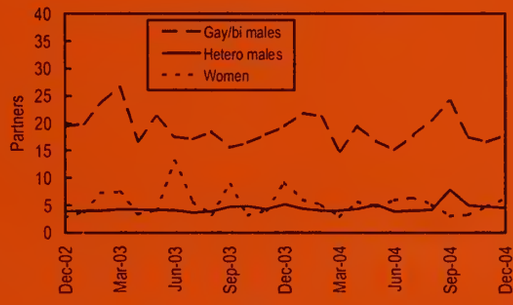

Figure 3. Average number of sex partners past 12 months for City Clinic visits by gender and sexual orientation.

Editorial Note: Preliminary 2004 STD Related Data

Preliminary data for 2004 is published in this report. Among San Francisco residents, there were increases in chlamydia (10%), gonorrhea (20%), and primary and secondary syphilis (5%) compared to 2003. There also were increases in both male rectal chlamydia (25%) and male rectal gonorrhea (20%), which partially may be explained by increased screening with the availability of services at Magnet, the gay men's health center. There were small decreases observed in adolescent rates for gonorrhea (6%) and chlamydia (8%).

Among City Clinic patients, there was a 36% increase in HIV testing between 2003 and 2004: 14% among men who have sex with men (MSM) and 138% among other men and women. Overall there was a 38% increase in the number of HIV infections (acute and longer standing) identified but this varied by sexual orientation and gender: 44% increase among MSM and 50% decrease among all others.

The overall number of visits to City Clinic increased by 7% between 2003 and 2004, but this also varied by sexual orientation and gender: 3% decrease among MSM, 8% increase among other men, and 27% increase among women.

The 2004 San Francisco STD Annual Summary will be available this spring. *CKK*

Department of Public Health

San Francisco Monthly STD Report

Data for January, 2005
Report prepared March 8, 2005

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Table 1. STDs among San Francisco residents, January, 2005.

	This year		Last year	
	this month	*year to date*	*this month*	*year to date*
Gonorrhea	178	178	198	198
Male rectal gonorrhea	35	35	41	41
Chlamydia	262	262	320	320
Male rectal chlamydia	38	38	39	38
LGV	0	0	0	0
Syphilis (adult total)	45	45	55	55
Primary & secondary	19	19	23	23
Early latent	19	19	21	21
Unknown latent	0	0	2	2
Late latent	7	7	9	9
Neurosyphilis	3	3	4	4
Congenital syphilis	0	0	0	0
PID	1	1	8	8
Adult male shigellosis	11	11	5	5

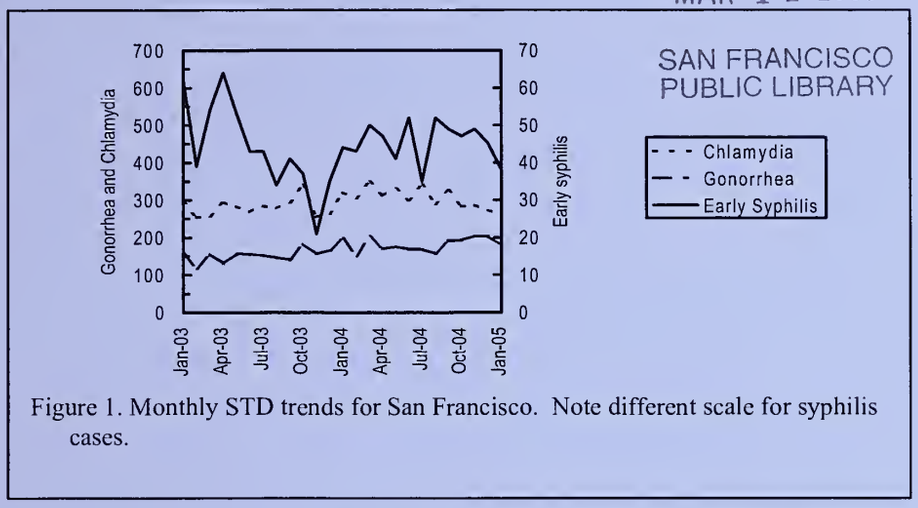

Figure 1. Monthly STD trends for San Francisco. Note different scale for syphilis cases.

Table 3. HIV testing among City Clinic patients, January, 2005.

	This year		Last year	
	this month	*year to date*	*this month*	*year to date*
Tests	301	301	367	367
Antibody positive	10	10	18	18
Acute HIV infection	1	1	0	0
Antiviral resistance (any)*	0%	0%	13%	13%

**Complete information at www.sfcityclinic.org/providers/resistance.pdf*

Table 2. Selected STD cases and rates for San Francisco by age and race/ethnicity, January 2005 only. Rates equal cases per 100,000 residents per year based on 2000 US Census data.

	(All races)		Asian/PI		African American		Hispanic		White	
	cases	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*
All ages										
Chlamydia	262	404.8	35	166.4	54	1,011.4	37	405.5	0	0.0
Gonorrhea	178	275.0	14	66.6	35	655.5	22	241.1	0	0.0
Early syphilis	38	58.7	3	14.3	4	74.9	5	54.8	1	263.2
Under 20 yrs										
Chlamydia	49	1,144.6	6	330.4	16	2,916.0	7	758.2	0	0.0
Gonorrhea	15	350.4	1	55.1	8	1,458.0	1	108.3	0	0.0
Early syphilis	1	23.4	0	0.0	0	0.0	0	0.0	0	0.0

Table 4. Methamphetamine-related visits to SFGH Emergency Departments, January, 2005. (Source: SAMHSA/OAS/DAWN)

	This year		Last year	
	this month	*year to date*	*this month*	*year to date*
Male	60	60	50	50
Female	15	15	14	14

Note: All statistics are provisional until the annual report is released for the year. Morbidity is based on date of diagnosis. Totals for past months may change due to delays in reporting from labs and providers.

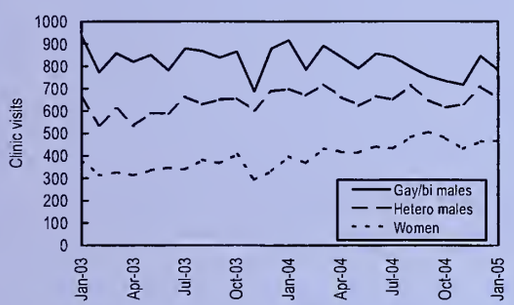

Figure 2. City Clinic visits by gender and sexual orientation.

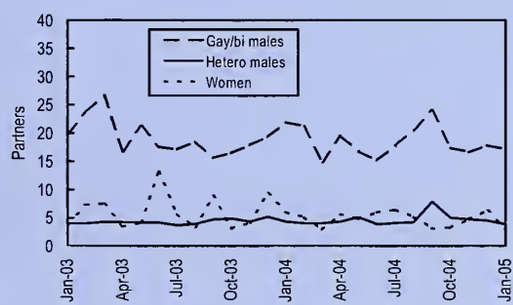

Figure 3. Average number of sex partners past 12 months for City Clinic visits by gender and sexual orientation.

Editorial Note: Drug resistance among new HIV infections identified at the San Francisco STD Clinic, 2004

Since Fall 2003, in collaboration with the UCSF Gladstone Institute of Virology and Immunology, we routinely screen all newly identified HIV infections, including acute infections, at the San Francisco STD clinic for drug resistance to three classes of HIV medications. During 2004, 12% (16/135) of HIV infections we tested exhibited resistance: 8% were resistant to a single class of drugs, 4% were resistant to two classes of drugs, and none were resistant to all three classes of drugs. Each month we report on HIV drug resistance in Table 3 of this report. More details about specific resistance mutations are available at www.sfcityclinic.org/providers/resistance.pdf.

Our STD clinic data found no evidence of multi-drug resistance HIV infections similar to the single case reported by New York City health officials on February 11, 2005. The STD clinic identifies a substantial proportion of new HIV infections in San Francisco, and these infections are among persons at high risk for HIV transmission because of concurrent STDs. However, data from the clinic is insufficient to provide a comprehensive overview of emerging patterns. Thus, we hope to begin resistance screening among new HIV infections in other settings in San Francisco. *CKK*

Department of Public Health

San Francisco Monthly STD Report

Data for February, 2005
Report prepared March 23, 2005

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Table 1. STDs among San Francisco residents, February, 2005.

	This year		Last year	
	this month	*year to date*	*this month*	*year to date*
Gonorrhea	157	343	150	348
Male rectal gonorrhea	41	76	31	72
Chlamydia	228	528	306	626
Male rectal chlamydia	33	71	34	71
LGV	0	0	1	1
Syphilis (adult total)	34	79	55	110
Primary & secondary	12	32	29	52
Early latent	17	35	14	35
Unknown latent	0	0	2	4
Late latent	5	12	10	19
Neurosyphilis	1	4	1	5
Congenital syphilis	0	0	0	0
HD	1	3	2	10
Adult male shigellosis	9	20	12	17

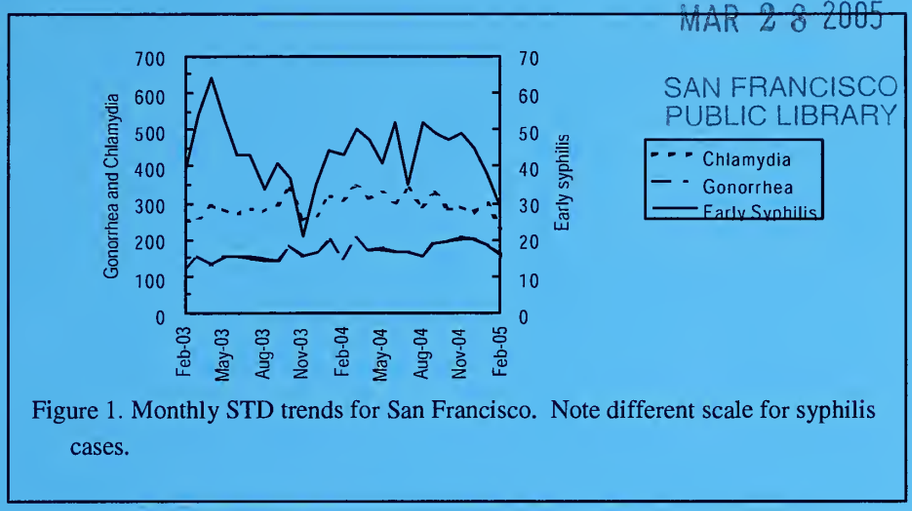

Figure 1. Monthly STD trends for San Francisco. Note different scale for syphilis cases.

Table 3. HIV testing among City Clinic patients, February, 2005.

	This year		Last year	
	this month	*year to date*	*this month*	*year to date*
Tests	298	599	334	701
Antibody positive	10	20	11	29
Acute HIV infection	1	2	1	1
Antiviral resistance (any)*	0%	11%	0%	7%

Complete information at www.sfcityclinic.org/providers/resistance.pdf

Table 2. Selected STD cases and rates for San Francisco by age and race/ethnicity, 2005 through February only. Rates equal cases per 100,000 residents per year based on 2000 US Census data.

	(All races)		Asian/PI		African American		Hispanic		White	
	cases	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*
All ages										
Chlamydia	528	407.9	61	145.0	112	1,048.9	82	449.3	121	214.2
Gonorrhea	343	265.0	26	61.8	61	571.3	39	213.7	144	254.9
Early syphilis	67	51.8	5	11.9	4	37.5	11	60.3	41	72.6
Under 20 yrs										
Chlamydia	100	1,168.0	12	330.4	33	3,007.2	19	1,029.0	8	432.7
Gonorrhea	31	362.1	2	55.1	12	1,093.5	4	216.6	4	216.3
Early syphilis	2	23.4	0	0.0	0	0.0	0	0.0	2	108.2

Table 4. Methamphetamine-related visits to SFGH Emergency Departments, February, 2005. (Source: SAMHSA/OAS/DAWN)

	This year		Last year	
	this month	*year to date*	*this month*	*year to date*
Male	51	111	50	100
Female	4	19	10	24

Note: All statistics are provisional until the annual report is released for the year. Morbidity is based on date of diagnosis. Totals for past months may change due to delays in reporting from labs and providers.

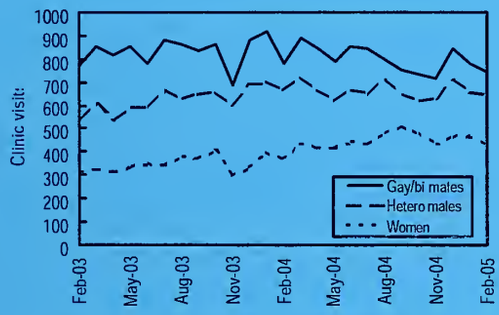

Figure 2. City Clinic visits by gender and sexual orientation.

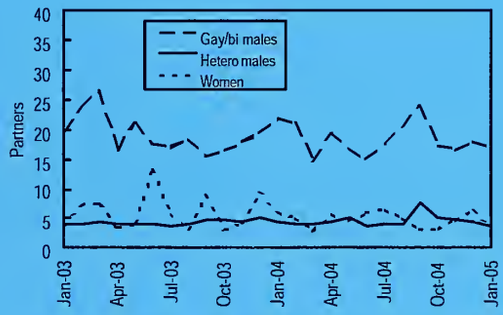

Figure 3. Average number of sex partners past 12 months for City Clinic visits by gender and sexual orientation.

Editorial Note: Women, 18-25 years, in adult detention a priority population for chlamydia screening

Recently, the Centers for Disease Control and Prevention recommended routine chlamydia screening of females in youth detention facilities because of their high prevalence of infection. While national guidelines recommend annual screening of sexually active women younger than 25 years, there are no specific recommendations for screening women in adult detention.

The San Francisco DPH has supported screening of females in youth and adult detention for more than 12 years. In order to evaluate whether young adult women are a priority population for screening in detention, we compared the prevalence of chlamydia in women screened in detention with women screened in seven family planning settings by age group during 2003 – 2004. The prevalence of chlamydia was 1.6 times higher in youth detention (12-17 years) than among females of the same age seen in family planning settings (9.7% vs. 5.9%). Among women 18-25 years, the prevalence in adult detention was nearly as high as in youth detention (9.4%) and was 2.8 times higher than in family planning settings (3.4%). San Francisco data suggests that women 18-25 years in adult detention are at similar risk for chlamydia as younger females in youth detention, and substantially higher risk than women of the same age screened in family planning settings. CKK

Department of Public Health

San Francisco Monthly STD Report

Data for March, 2005
Report prepared April 26, 2005

Table 1. STDs among San Francisco residents, March, 2005.

	This year		Last year	
	this month	*year to date*	*this month*	*year to date*
Gonorrhea	196	567	204	552
Male rectal gonorrhea	25	105	42	114
Chlamydia	328	899	349	975
Male rectal chlamydia	41	112	46	112
LGV	0	0	0	2
Syphilis (adult total)	38	118	65	175
Primary & secondary	22	55	32	84
Early latent	9	44	18	53
Unknown latent	0	0	2	6
Late latent	7	19	13	32
Neurosyphilis	1	6	3	8
Congenital syphilis	0	0	0	0
PID	3	7	4	14
Adult male shigellosis	8	28	12	29

Table 3. HIV testing among City Clinic patients, March, 2005.

	This year		Last year	
	this month	*year to date*	*this month*	*year to date*
Tests	323	922	350	1,051
Antibody positive	11	31	11	40
Acute HIV infection	0	2	0	1
Antiviral resistance (any)*	0%	16%	0%	5%

Complete information at www.sfcityclinic.org/providers/resistance.pdf

Table 4. Methamphetamine-related visits to SFGH Emergency Departments, March, 2005. (Source: SAMHSA/OAS/DAWN)

	This year		Last year	
	this month	*year to date*	*this month*	*year to date*
Male	35	146	47	148
Female	15	34	17	41

Note: All statistics are provisional until the annual report is released for the year. Morbidity is based on date of diagnosis. Totals for past months may change due to delays in reporting from labs and providers.

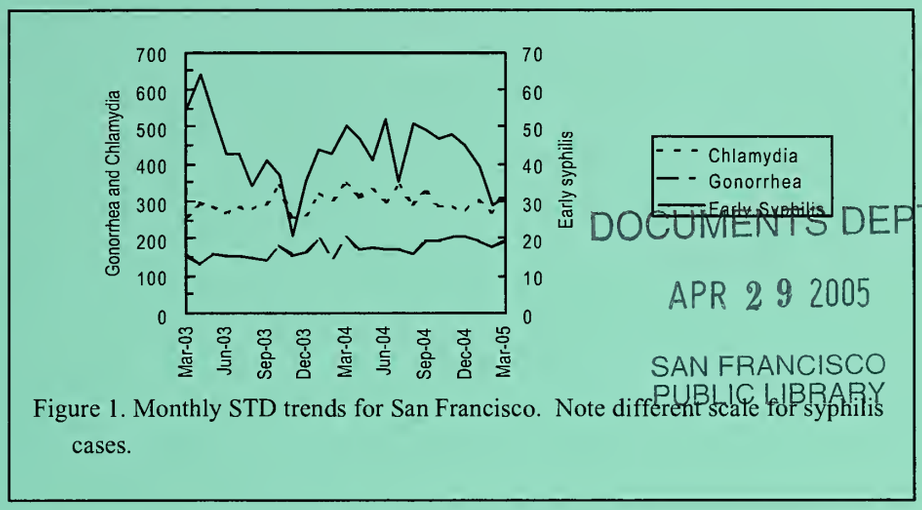

Figure 1. Monthly STD trends for San Francisco. Note different scale for syphilis cases.

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Table 2. Selected STD cases and rates for San Francisco by age and race/ethnicity, 2005 through March only. Rates equal cases per 100,000 residents per year based on 2000 US Census data.

	(All races)		Asian/PI		African American		Hispanic		White	
	cases	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*
All ages										
Chlamydia	899	463.0	111	175.9	183	1,142.5	135	493.1	208	245.5
Gonorrhea	567	292.0	32	50.7	106	661.8	65	237.4	238	280.9
Early syphilis	99	51.0	9	14.3	5	31.2	17	62.1	61	72.0
Under 20 yrs										
Chlamydia	170	1,323.7	21	385.5	59	3,584.3	25	902.6	16	576.9
Gonorrhea	47	366.0	3	55.1	20	1,215.0	5	180.5	8	288.4
Early syphilis	3	23.4	1	18.4	0	0.0	0	0.0	2	72.1

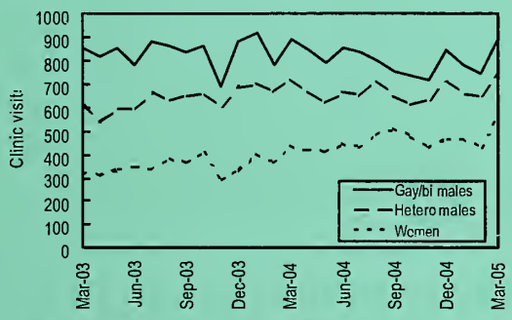

Figure 2. City Clinic visits by gender and sexual orientation.

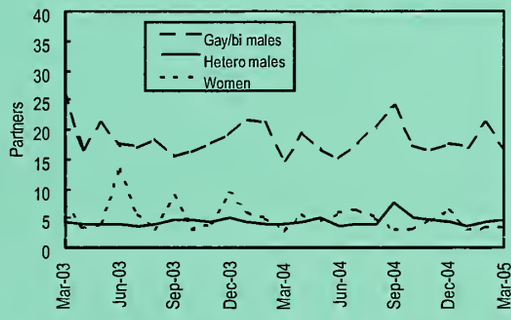

Figure 3. Average number of sex partners past 12 months for City Clinic visits by gender and sexual orientation.

Editorial Note: Update on Lymphogranuloma Venereum (LGV) Infection in San Francisco

In December, we reported on nine men who have sex with men (MSM) rectally infected with lymphogranuloma venereum in San Francisco during 2004. LGV is an invasive form of *Chlamydia trachomatis* with significant morbidity and potentially life-threatening sequelae. We have identified 3 more cases, one of whom had classic urogenital LGV (enlarged, tender lymph nodes in the groin and laboratory-confirmed infection with a LGV serovar). We remind readers that primary infection may be asymptomatic or only denoted by a small, painless ulcer occurring 3-30 days post-exposure. Common symptoms include tender lymph nodes in the groin, or proctitis (blood/mucus in stool, cramping) from anal exposure. Following discussion with the CDC, SFDPH has ceased serologic testing for LGV due to the poor performance of available tests. We now recommend syndromic treatment—patients with severe proctitis (anoscopic confirmation of hemorrhagic inflammation or friable mucosa) should receive enhanced treatment for LGV: doxycycline, 100 mg PO bid x 21 days. Those with mild proctitis or asymptomatic chlamydia infection should receive standard chlamydia therapy: 1 g azithromycin PO once, or doxycycline 100 mg PO bid x 7 days. Sex partners with contact to an LGV-infected patient within the past 30 days should receive standard chlamydia therapy. *–SJM/CKK*

Department of Public Health

San Francisco Monthly STD Report

Data for April, 2005
Report prepared June 2, 2005

able 1. STDs among San Francisco residents, April, 2005.

	This year		Last year	
	this month	*year to date*	*this month*	*year to date*
onorrhea	223	792	170	722
Male rectal gonorrhea	36	141	33	147
hlamydia	293	1,196	312	1,287
Male rectal chlamydia	34	146	32	151
GV	0	0	0	2
yphilis (adult total)	45	165	56	231
Primary & secondary	22	78	32	116
Early latent	16	61	15	68
Unknown latent	0	0	1	7
Late latent	7	26	8	40
eurosyphilis	0	7	4	12
ongenital syphilis	0	0	0	0
ID	3	10	10	24
dult male shigellosis	6	34	4	33

able 3. HIV testing among City Clinic patients, April, 2005.

	This year		Last year	
	this month	*year to date*	*this month*	*year to date*
ests	265	1,187	296	1,347
ntibody positive	6	37	9	49
cute HIV infection	0	2	1	2
ntiviral resistance (any)*	17%	23%	0%	4%

Complete information at www.sfcityclinic.org providers resistance.pdf

able 4. Methamphetamine-related visits to FGH Emergency Departments, April, 2005. Source: SAMHSA/OAS/DAWN)

	This year		Last year	
	this month	*year to date*	*this month*	*year to date*
Male	64	210	49	197
emale	15	49	11	52

Note: All statistics are provisional until the annual report is released for the year. Morbidity is based on date of diagnosis. Totals for past months may change due to delays in reporting from labs and providers.

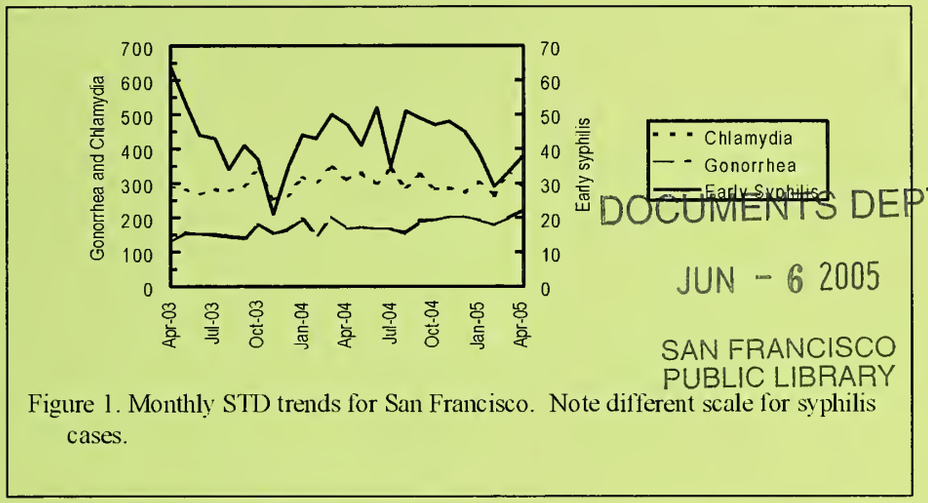

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Figure 1. Monthly STD trends for San Francisco. Note different scale for syphilis cases.

Table 2. Selected STD cases and rates for San Francisco by age and race/ethnicity, 2005 through April only. Rates equal cases per 100,000 residents per year based on 2000 US Census data.

	(All races)		Asian/PI		African American		Hispanic		White	
	cases	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*
All ages										
Chlamydia	1,196	461.9	143	170.0	249	1,165.9	185	506.8	279	247.0
Gonorrhea	792	305.9	48	57.1	153	716.4	91	249.3	335	296.5
Early syphilis	139	53.7	12	14.3	8	37.5	30	82.2	80	70.8
Under 20 yrs										
Chlamydia	228	1,331.5	25	344.2	80	3,645.0	35	947.7	20	540.8
Gonorrhea	62	362.1	3	41.3	29	1,321.3	6	162.5	9	243.4
Early syphilis	3	17.5	1	13.8	0	0.0	0	0.0	2	54.1

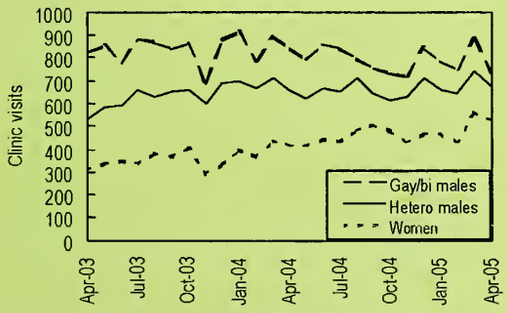

Figure 2. City Clinic visits by gender and sexual orientation.

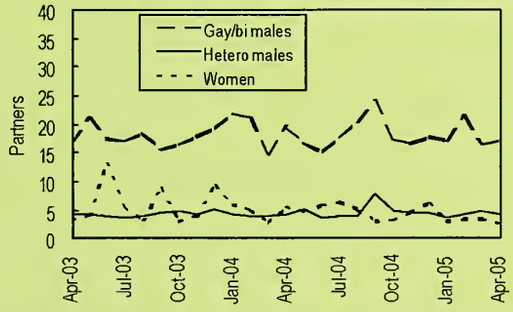

Figure 3. Average number of sex partners past 12 months for City Clinic visits by gender and sexual orientation.

Editorial Note: Asymptomatic rectal infections are common among men who have sex with men (MSM) in San Francisco

The Centers for Disease Control and Prevention recommends routine rectal chlamydia and gonorrhea screening for all MSM who have had receptive anal sex, regardless of reported condom use. We evaluated the prevalence of rectal and urethral chlamydial and gonococcal infections among MSM seen at the municipal STD clinic and the gay men's community health center using nucleic acid amplification testing (NAAT).

The prevalence of infection varied by anatomic site: chlamydia – rectal 7.9% and urethral 5.2%; gonorrhea – rectal 6.9% and urethral 6.0%. Thus, rectal infections were more common than urethral infections. About 85% of rectal infections were asymptomatic supporting the need for routine screening. Because there is little co-infection with gonorrhea, more than 80% of rectal chlamydial infections would be missed and not treated if MSM were tested and treated only for rectal gonorrhea. Rectal chlamydial infections should be treated with 1 g azithromycin orally in a single dose, or 100 mg doxycycline orally twice a day for 7 days. Because these infections enhance both HIV transmission and susceptibility, clinical settings serving MSM should evaluate the prevalence of rectal chlamydial and gonococcal infections using validated NAATs. *CKK*

Department of Public Health

San Francisco Monthly STD Report

Data for May, 2005
Report prepared June 22, 2005

Table 1. STDs among San Francisco residents, May, 2005.

	This year		Last year	
	this month	*year to date*	*this month*	*year to date*
Gonorrhea	193	990	174	891
Male rectal gonorrhea	38	179	36	183
Chlamydia	307	1,529	329	1,593
Male rectal chlamydia	35	181	43	194
LGV	0	0	1	3
Syphilis (adult total)	35	202	50	280
Primary & secondary	18	95	30	145
Early latent	11	70	10	78
Unknown latent	1	1	0	7
Late latent	5	36	10	50
Neurosyphilis	0	7	4	16
Congenital syphilis	0	0	0	0
PID	5	15	6	30
Adult male shigellosis	7	41	10	44

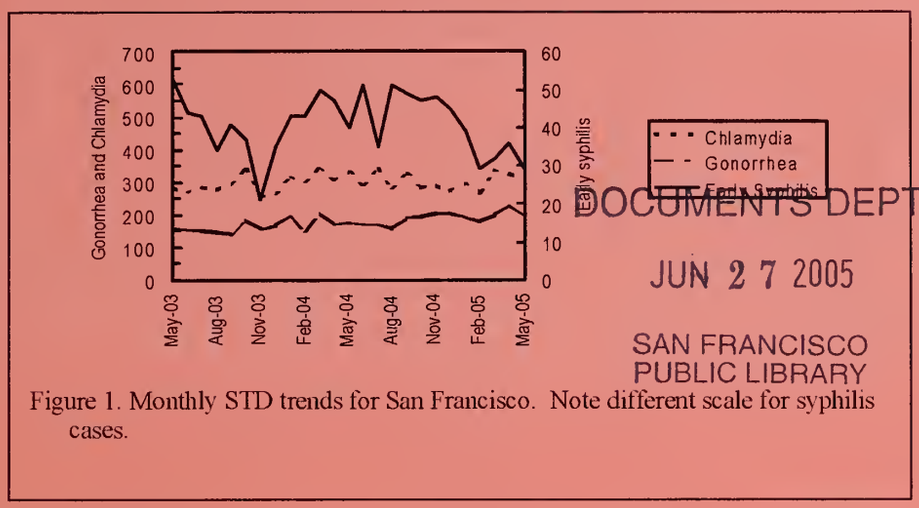

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Figure 1. Monthly STD trends for San Francisco. Note different scale for syphilis cases.

Table 2. Selected STD cases and rates for San Francisco by age and race/ethnicity, 2005 through May only. Rates equal cases per 100,000 residents per year based on 2000 US Censu data.

	(All races)		Asian/PI		African American		Hispanic		White	
	cases	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*
All ages										
Chlamydia	1,529	472.4	196	186.4	323	1,209.9	229	501.9	354	250.7
Gonorrhea	990	305.9	60	57.1	198	741.7	119	260.8	406	287.5
Early syphilis	165	51.0	13	12.4	8	30.0	36	78.9	93	65.9
Under 20 yrs										
Chlamydia	282	1,317.5	31	341.4	98	3,572.1	41	888.2	23	497.6
Gonorrhea	74	345.7	3	33.0	39	1,421.6	7	151.6	9	194.7
Early syphilis	3	14.0	1	11.0	0	0.0	0	0.0	2	43.3

Table 3. HIV testing among City Clinic patients, May, 2005.

	This year		Last year	
	this month	*year to date*	*this month*	*year to date*
Tests	228	1,415	296	1,643
Antibody positive	14	51	8	57
Acute HIV infection	0	2	0	2
Antiviral resistance (any)*	33%	24%	0%	4%

*Complete information at www.sfcityclinic.org/providers/resistance.pdf

Table 4. Methamphetamine-related visits to SFGH Emergency Departments, May, 2005.
Source: SAMHSA/OAS/DAWN)

	This year		Last year	
	this month	*year to date*	*this month*	*year to date*
Male	68	278	49	246
Female	15	65	13	65

Note: All statistics are provisional until the annual report is released for the year. Morbidity is based on date of diagnosis. Totals for past months may change due to delays in reporting from labs and providers.

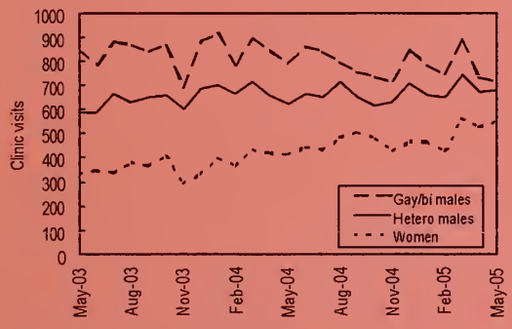

Figure 2. City Clinic visits by gender and sexual orientation.

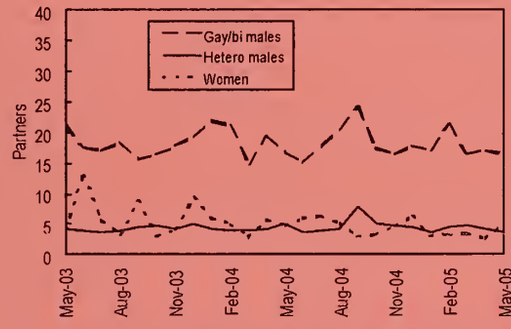

Figure 3. Average number of sex partners past 12 months for City Clinic visits by gender and sexual orientation.

Editorial Note: Performance of select commercially available HIV tests for clinical diagnosis, 2005

	Laboratory-based Tests			Point of Care Test
Characteristic	Viral RNA	IgM/IgG	IgG	Rapid IgG
Sensitivity*	>99%	96-100%	92-100%	92-100%
Window Period (days since infection)	10-12	22-24	42	42
Name, Manufacturer	Versant 3.0, Bayer	Many	Vironostika HIV-1, bioMerieux	Oraquick Advance HIV 1/2, Orasure
Where available	City Clinic	Non-DPH	All DPH	Most DPH

*Sensitivity varies depending upon duration of infection

The performance of HIV tests depends on methods used to detect infection: viral RNA can be detected very early in infection, IgM is the initial antibody response to infection, and IgG is the later and sustained immunological response. The window period of detecting infection by a test is based on the number of days between initiation of HIV infection and the test's detection of infection, which varies substantially. Note that rapid HIV tests are no more sensitive in detecting infection, but have the advantage of rapid results. *JDK/CKK*

Department of Public Health

San Francisco Monthly STD Report

Data for June, 2005
Report prepared July 22, 2005

Table 1. STDs among San Francisco residents, June, 2005.

	This year		Last year	
	this month	*year to date*	*this month*	*year to date*
Gonorrhea	189	1,153	168	1,059
Male rectal gonorrhea	38	212	31	214
Chlamydia	287	1,793	292	1,885
Male rectal chlamydia	40	214	41	235
LGV	0	0	1	4
Syphilis (adult total)	50	251	66	346
Primary & secondary	27	122	31	176
Early latent	23	94	20	98
Unknown latent	0	2	1	8
Late latent	0	33	14	64
Neurosyphilis	0	7	1	17
Congenital syphilis	0	0	0	0
PID	2	17	2	32
Adult male shigellosis	*N/A*	*N/A*	*N/A*	*N/A*

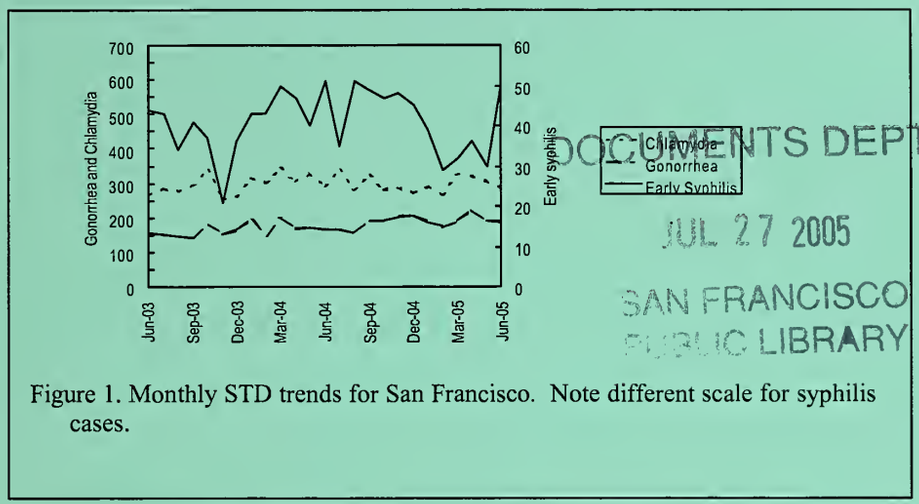

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Figure 1. Monthly STD trends for San Francisco. Note different scale for syphilis cases.

Table 2. Selected STD cases and rates for San Francisco by age and race/ethnicity, 2005 through June only. Rates equal cases per 100,000 residents per year based on 2000 US Census data.

	(All races)		Asian/PI		African American		Hispanic		White	
	cases	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*
All ages										
Chlamydia	1,793	461.7	228	180.7	374	1,167.5	282	515.1	435	256.7
Gonorrhea	1,153	296.9	71	56.3	231	721.1	148	270.3	500	295.1
Early syphilis	216	55.6	17	13.5	12	37.5	46	84.0	124	73.2
Under 20 yrs										
Chlamydia	329	1,280.9	34	312.1	117	3,553.9	48	866.5	26	468.7
Gonorrhea	86	334.8	4	36.7	44	1,336.5	9	162.5	11	198.3
Early syphilis	3	11.7	1	9.2	0	0.0	0	0.0	2	36.1

Table 3. HIV testing among City Clinic patients, June, 2005.

	This year		Last year	
	this month	*year to date*	*this month*	*year to date*
Tests	266	1,681	335	1,978
Antibody positive	10	61	9	66
Acute HIV infection	0	2	2	4
Antiviral resistance (any)*	67%	22%	0%	3%

Complete information at www.sfcityclinic.org/providers/resistance.pdf

Table 4. Methamphetamine-related visits to SFGH Emergency Departments, June, 2005. (Source: SAMHSA/OAS/DAWN)

	This year		Last year	
	this month	*year to date*	*this month*	*year to date*
Male	57	337	48	294
Female	6	71	12	77

Note: All statistics are provisional until the annual report is released for the year. Morbidity is based on date of diagnosis. Totals for past months may change due to delays in reporting from labs and providers.

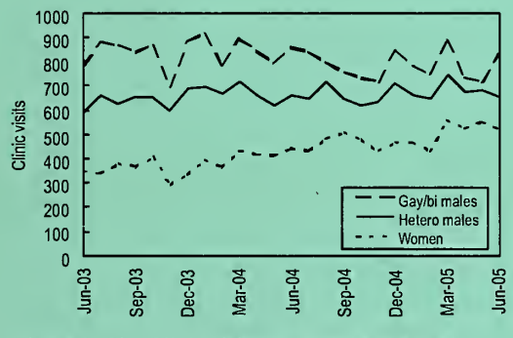

Figure 2. City Clinic visits by gender and sexual orientation.

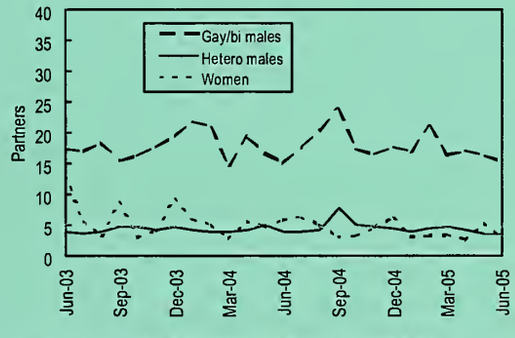

Figure 3. Average number of sex partners past 12 months for City Clinic visits by gender and sexual orientation.

Editorial Note: Study to reduce acquisition of HIV infection through treatment of genitial herpes infections

Herpes simplex virus type 2 (HSV-2) is the most common cause of genital ulcers worldwide, and may indirectly contribute to up to 50% of new HIV infections globally. In HIV-uninfected persons, HSV-2 is associated with a doubling in the risk of acquiring HIV. Acyclovir, a safe and highly efficacious medicine that can suppress herpes infection, is a promising strategy for preventing HIV acquisition. The San Francisco Department of Public Health is participating in a global effort to test the efficacy of twice daily oral acyclovir in reducing HIV incidence.

This study will enroll approximately 3000 people in the United States, Peru and Africa. Participants in San Francisco must be men who have sex with men (MSM) who are HSV-2 seropositive and HIV negative. Because up to 60% of HSV-2 seropositive persons are unaware of their infection, the study is offering HSV-2 testing and counseling as part of the screening process. Participants will be randomly assigned to receive acyclovir or placebo for 18 months, but all participants experiencing clinical outbreaks of genital herpes will be offered open-label acyclovir free of charge. For more information about the study, or to refer patients for HSV-2 screening, please call us at 415-437-HSV2 (4782) or email us at ace.study@sfdph.org. *SB*

Department of Public Health

San Francisco Monthly STD Report

Data for July, 2005
Report prepared August 25, 2005

able 1. STDs among San Francisco residents, July, 2005.

	2005		2004	
	month	*YTD*	*month*	*YTD*
onorrhea	182	1,345	168	1,227
Male rectal gonorrhea	39	252	31	245
hlamydia	309	2,122	339	2,224
Male rectal chlamydia	48	260	48	283
GV	0	0	2	6
yphilis (adult total)	35	291	44	390
Primary & secondary	20	144	23	199
Early latent	8	101	12	110
Unknown latent	2	6	0	8
Late latent	5	40	9	73
eurosyphilis	0	7	5	22
ongenital syphilis	0	0	0	0
ID	4	21	5	37
dult male shigellosis	10	56	8	56

able 3. HIV testing among City Clinic patients, July, 2005.

	2005		2004	
	month	*YTD*	*month*	*YTD*
ests	250	1,934	327	2,306
ntibody positive	14	75	13	79
cute HIV infection	0	3	1	6
ntiviral resistance (any)*	30%	28.8%	0%	3%

Complete information at www.sfcityclinic.org/providers/resistance.pdf

able 4. Methamphetamine-related visits to FGH Emergency Departments, July, 2005. Source: SAMHSA/OAS/DAWN)

	2005		2004	
	month	*YTD*	*month*	*YTD*
Iale	55	392	48	342
emale	10	81	9	86

Note: All statistics are provisional until the annual report is released for the year. Morbidity is based on date of diagnosis. Totals for past months may change due to delays in reporting from labs and providers.

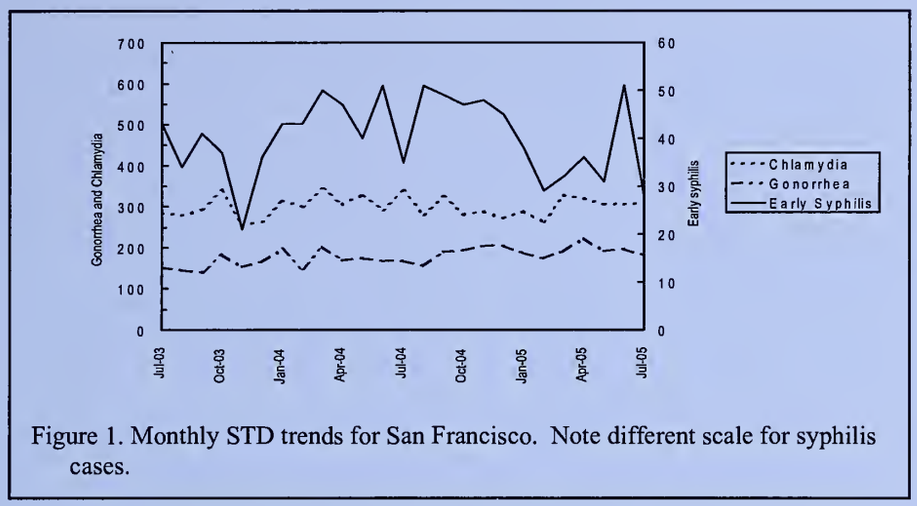

Figure 1. Monthly STD trends for San Francisco. Note different scale for syphilis cases.

Table 2. Selected STD cases and rates for San Francisco by age and race/ethnicity, 2005 through July only. Rates equal cases per 100,000 residents per year based on 2000 US Census data.

	(All races)		Asian/PI		African American		Hispanic		White	
	cases	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*
All ages										
Chlamydia	2,122	468.3	275	186.8	449	1,201.4	342	535.4	528	267.1
Gonorrhea	1,345	296.9	83	56.4	267	714.4	174	272.4	608	307.5
Early syphilis	245	54.1	20	13.6	13	34.8	52	81.4	143	72.3
Under 20 yrs										
Chlamydia	395	1,318.1	38	298.9	148	3,853.3	62	959.3	30	463.6
Gonorrhea	97	323.7	4	31.5	51	1,327.8	11	170.2	14	216.3
Early syphilis	3	10.0	1	7.9	0	0.0	0	0.0	2	30.9

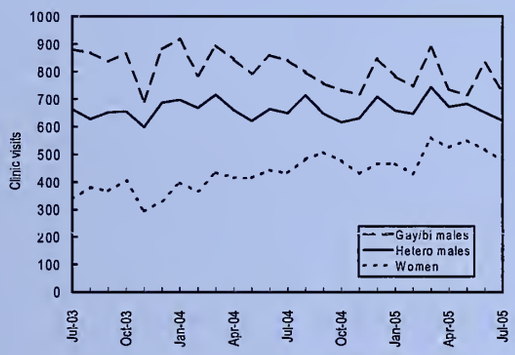

Figure 2. City Clinic visits by gender and sexual orientation.

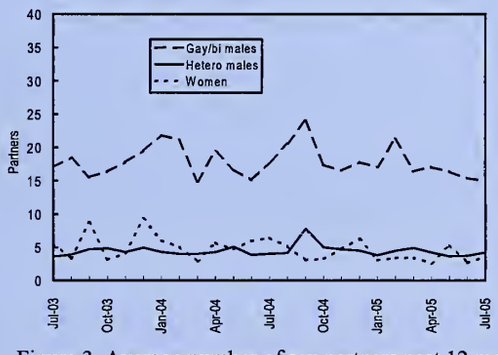

Figure 3. Average number of sex partners past 12 months for City Clinic visits by gender and sexual orientation.

ditorial Note: Local and national web resources for STD, HIV and Methamphetamine prevention

Because the Web is one of the most common resources for finding information, and has the potential of being a powerful revention tool, we have compiled a brief list of local and national web sites that provide reliable information about STD, HIV and Iethamphetamine prevention. *CKK*

STD Sites	*HIV/AIDS Sites*	*Methamphetamine Sites*
www.stdtest.org	www.hivstopswithme.org	www.tweaker.org
www.inSpot.org	www.sfhiv.org	www.propsf.org
www.sfcityclinic.org	www.stopaids.org	www.dumptina.org
www.magnetsf.org	www.hivinsite.org	www.crystalmeth.org
www.ashastd.org	www.sfhiv.org	www.smartrecovery.org
www.cdc.gov/std	www.aidshotline.org	www.MethResources.gov

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San Francisco Monthly STD Report

Data for August, 2005
Report prepared September 29, 2005

able 1. STDs among San Francisco residents, August, 2005.

	2005		2004	
	month	*YTD*	*month*	*YTD*
onorrhea	229	1,580	156	1,383
Male rectal gonorrhea	35	287	32	277
hlamydia	322	2,462	281	2,505
Male rectal chlamydia	48	309	28	311
GV	0	0	2	8
yphilis (adult total)	46	342	67	457
Primary & secondary	24	171	33	232
Early latent	15	119	18	128
Unknown latent	1	7	0	8
Late latent	6	45	16	89
eurosyphilis	0	7	5	27
ongenital syphilis	0	0	0	0
ID	4	25	3	40
dult male shigellosis	6	62	8	64

able 3. HIV testing among City Clinic patients, August, 2005.

	2005		2004	
	month	*YTD*	*month*	*YTD*
ests	272	2,210	343	2,649
ntibody positive	13	92	8	87
cute HIV infection	1	4	0	6
ntiviral resistance (any)*	0%	18%	43%	6%

Complete information at www.sfcityclinic.org/providers/resistance.pdf

able 4. Methamphetamine-related visits to FGH Emergency Departments, August, 2005. Source: SAMHSA/OAS/DAWN)

	2005		2004	
	month	*YTD*	*month*	*YTD*
Male	66	459	61	403
emale	9	90	12	98

Note: All statistics are provisional until the annual report is released for the year. Morbidity is based on date of diagnosis. Totals for past months may change due to delays in reporting from labs and providers.

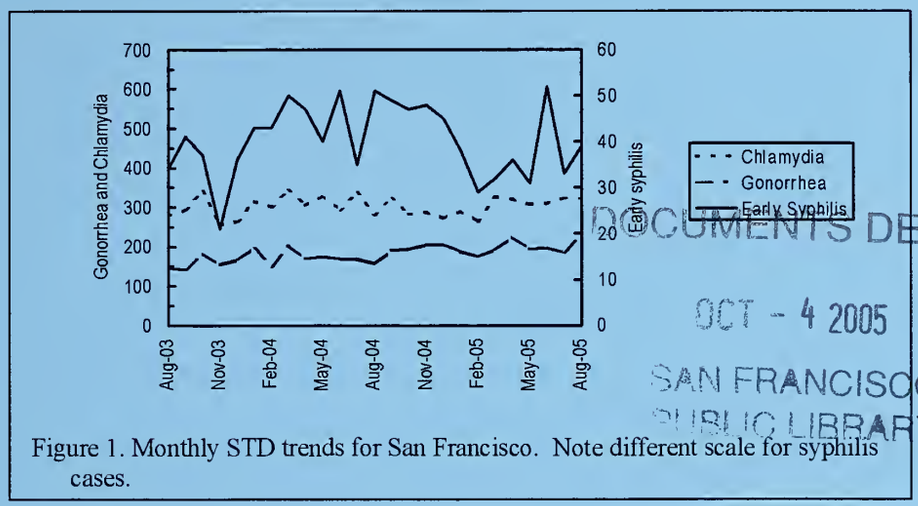

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Figure 1. Monthly STD trends for San Francisco. Note different scale for syphilis cases.

Table 2. Selected STD cases and rates for San Francisco by age and race/ethnicity, 2005 through August only. Rates equal cases per 100,000 residents per year based on 2000 US Census data.

	(All races)		Asian/PI		African American		Hispanic		White	
	cases	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*
All ages										
Chlamydia	2,462	475.5	320	190.2	529	1,238.5	390	534.2	613	271.3
Gonorrhea	1,580	305.1	97	57.7	324	758.6	208	284.9	704	311.6
Early syphilis	290	56.0	26	15.5	16	37.5	58	79.5	169	74.8
Under 20 yrs										
Chlamydia	460	1,343.1	44	302.9	177	4,032.3	72	974.8	31	419.2
Gonorrhea	112	327.0	6	41.3	59	1,344.1	11	148.9	15	202.8
Early syphilis	3	8.8	1	6.9	0	0.0	0	0.0	2	27.0

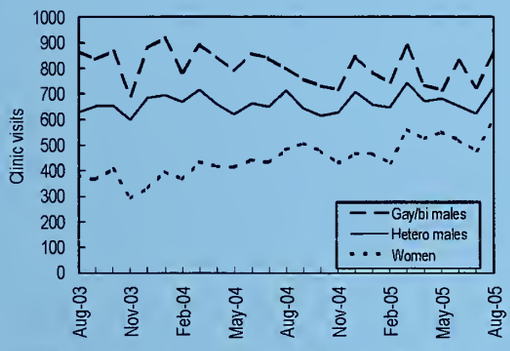

Figure 2. City Clinic visits by gender and sexual orientation.

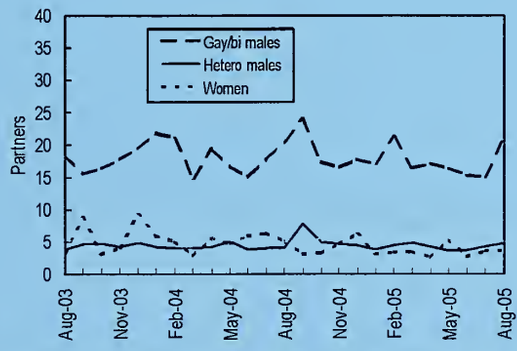

Figure 3. Average number of sex partners past 12 months for City Clinic visits by gender and sexual orientation.

ditorial Note: *Benefits of partner management of persons newly identified with HIV infection: San Francisco, 2004*

HIV partner management services are offered to all persons newly identified with HIV infection at the San Francisco municipal STD inic, and since July 2005, at San Francisco General Hospital and affiliated clinics. This service discusses the critical importance of forming sex partners of their possible exposure to HIV and offers to confidentially inform partners of their need to be evaluated. During 004, only 8 of 135 (6%) positives refused this service, and 110 HIV-infected persons provided information about 112 partners; 10 (9%) of e partners were found to have a previously undiagnosed HIV infection. In addition, 35 (31%) partners already knew they were HIV positive nd were counseled about the importance of disclosing their HIV status, and 30 (27%) partners tested HIV negative and were counseled about sk reduction strategies. Only 18 (16%) partners refused to meet or talk with program staff and 19 (17%) could not be found.

HIV partner management services were well received by persons with HIV infection and their partners. A substantial proportion of artners had previously undiagnosed HIV infection that might not have been identified without these services. Thus, partner management ervices are a useful way to help patients newly diagnosed with HIV tell recent partners, and to identify new cases of HIV infection. STD revention and Control can provide HIV partner management services to anyone who requests them by contacting 415-487-5516. *CKK*

San Francisco Monthly STD Report

Data for September, 2005
Report prepared October 21, 2005

able 1. STDs among San Francisco residents, eptember, 2005.

	2005		2004	
	month	*YTD*	*month*	*YTD*
onorrhea	204	1,786	190	1,573
Male rectal gonorrhea	48	334	21	298
hlamydia	290	2,756	324	2,830
Male rectal chlamydia	47	355	34	345
GV	0	0	1	9
yphilis (adult total)	38	383	62	519
Primary & secondary	12	185	29	261
Early latent	16	137	20	148
Unknown latent	1	6	0	8
Late latent	9	55	13	102
eurosyphilis	0	7	7	34
ongenital syphilis	0	0	1	1
ID	3	28	2	42
dult male shigellosis	7	69	7	71

able 3. HIV testing among City Clinic patients, September, 2005.

	2005		2004	
	month	*YTD*	*month*	*YTD*
ests	263	2,473	313	2,962
ntibody positive	17	109	15	102
cute HIV infection	0	4	0	6
ntiviral resistance (any)*	0%	16%	29%	9%

Complete information at www.sfcityclinic.org/providers/resistance.pdf

able 4. Methamphetamine-related visits to FGH Emergency Departments, September, 005. (Source: SAMHSA/OAS/DAWN)

	2005		2004	
	month	*YTD*	*month*	*YTD*
Iale	62	521	38	441
emale	11	101	11	109

Note: All statistics are provisional until the annual report is released for the year. Morbidity is based on date of diagnosis. Totals for past months may change due to delays in reporting from labs and providers.

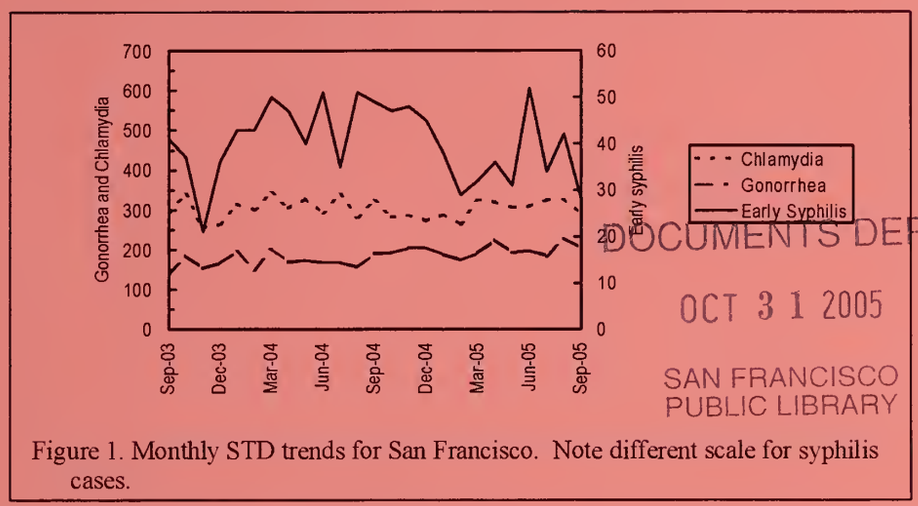

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Figure 1. Monthly STD trends for San Francisco. Note different scale for syphilis cases.

Table 2. Selected STD cases and rates for San Francisco by age and race/ethnicity, 2005 through September only. Rates equal cases per 100,000 residents per year based on 2000 US Census data.

	(All races)		Asian/PI		African American		Hispanic		White	
	cases	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*
All ages										
Chlamydia	2,756	473.1	349	184.4	590	1,227.8	438	533.3	700	275.4
Gonorrhea	1,786	306.6	105	55.5	371	772.1	234	284.9	799	314.3
Early syphilis	322	55.3	28	14.8	19	39.5	65	79.1	187	73.6
Under 20 yrs										
Chlamydia	517	1,341.9	51	312.1	191	3,867.8	81	974.8	34	408.6
Gonorrhea	132	342.6	6	36.7	70	1,417.5	12	144.4	18	216.3
Early syphilis	3	7.8	1	6.1	0	0.0	0	0.0	2	24.0

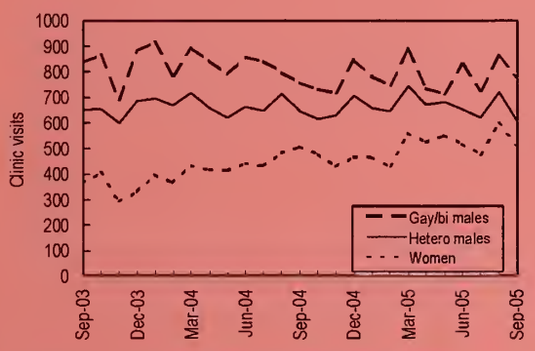

Figure 2. City Clinic visits by gender and sexual orientation.

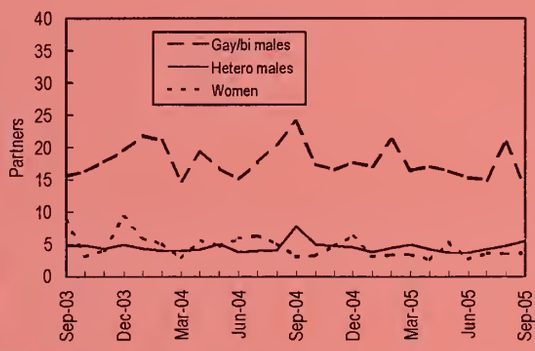

Figure 3. Average number of sex partners past 12 months for City Clinic visits by gender and sexual orientation.

ditorial Note: Rising rates of gonorrhea in heterosexuals, San Francisco, 2005

Reported cases of gonorrhea among heterosexuals were stable or decreasing in San Francisco from 2000 to 2004. However, in the rst nine months of 2005 we observed a 61% increase in gonorrhea cases in women compared to the same time period in 2004 (160 to 257 ises). Among women aged 15-19 years, gonorrhea increased 73% (49 to 85 cases). Among known heterosexual men, gonorrhea cases creased 34% (115 to 154 cases), compared to only a 9% increase (861 to 940 cases) among known men who have sex with men (MSM). In 005, 23% (411/1,786) of gonorrhea has occurred in women and known heterosexual men. Fifty percent (205/411) of cases in heterosexuals ccurred in African-Americans.

While substantially fewer gonorrhea cases are among heterosexuals than MSM in San Francisco, we have seen a marked increase nong heterosexuals, particularly in adolescents and young adults. This increase in gonorrhea has been seen throughout California , Oregon nd Washington. In response to this increase, SF STD Control and Prevention Services is focusing intervention efforts on young eterosexuals, particularly African Americans. Current recommendations to control the continued transmission of gonorrhea include timely eatment for patients and all sex partners within the past 60 days and re-screening of all gonorrhea case-patients at 3 months. *PB/KS*

San Francisco Monthly STD Report

Data for October, 2005
Report prepared November 18, 2005

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able 1. STDs among San Francisco residents, ctober, 2005.

	2005		2004	
	month	*YTD*	*month*	*YTD*
onorrhea	199	1,989	192	1,765
Male rectal gonorrhea	42	375	38	336
hlamydia	305	3,079	281	3,111
Male rectal chlamydia	47	402	38	383
GV	0	0	0	9
yphilis (adult total)	37	422	57	576
Primary & secondary	18	204	25	286
Early latent	16	152	22	170
Unknown latent	0	6	0	8
Late latent	3	60	10	112
eurosyphilis	0	12	1	35
ongenital syphilis	0	0	0	1
D	1	29	3	45
dult male shigellosis	14	83	5	76

able 3. HIV testing among City Clinic patients, October, 2005.

	2005		2004	
	month	*YTD*	*month*	*YTD*
ests	280	2,753	266	3,228
ntibody positive	12	121	9	111
cute HIV infection	1	5	4	10
ntiviral resistance (any)*	0%	15%	25%	11%

Complete information at www.sfcityclinic.org/providers/resistance.pdf

able 4. Methamphetamine-related visits to FGH Emergency Departments, October, 2005. ource: SAMHSA/OAS/DAWN)

	2005		2004	
	month	*YTD*	*month*	*YTD*
lale	74	596	49	490
emale	17	118	17	126

Note: All statistics are provisional until the annual report is released for the year. Morbidity is based on date of diagnosis. Totals for past months may change due to delays in reporting from labs and providers.

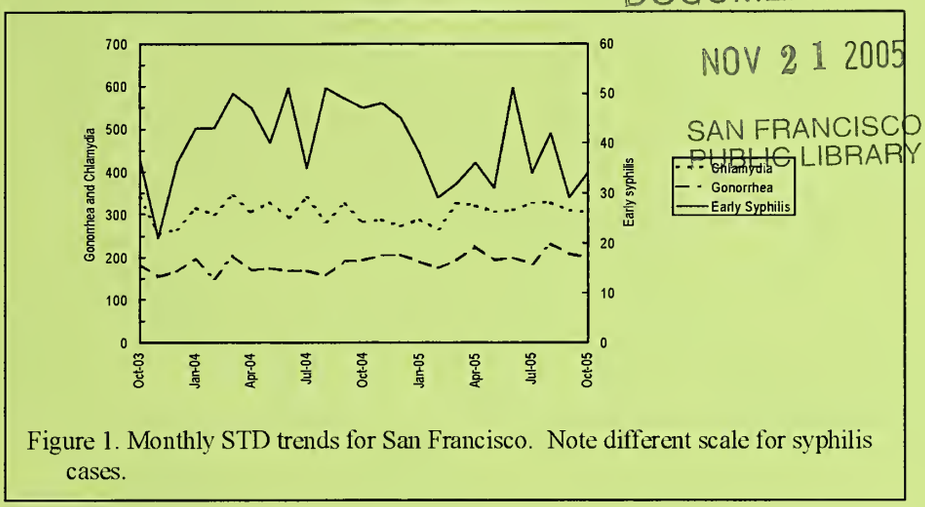

Figure 1. Monthly STD trends for San Francisco. Note different scale for syphilis cases.

Table 2. Selected STD cases and rates for San Francisco by age and race/ethnicity, 2005 through October only. Rates equal cases per 100,000 residents per year based on 2000 US Census data.

	(All races)		Asian/PI		African American		Hispanic		White	
	cases	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*
All ages										
Chlamydia	3,079	475.7	384	182.6	663	1,241.8	494	541.4	779	275.8
Gonorrhea	1,989	307.3	120	57.1	414	775.4	262	287.1	885	313.4
Early syphilis	356	55.0	31	14.7	19	35.6	72	78.9	210	74.4
Under 20 yrs										
Chlamydia	583	1,361.8	59	324.9	220	4,009.5	85	920.7	38	411.0
Gonorrhea	145	338.7	6	33.0	75	1,366.9	15	162.5	20	216.3
Early syphilis	3	7.0	1	5.5	0	0.0	0	0.0	2	21.6

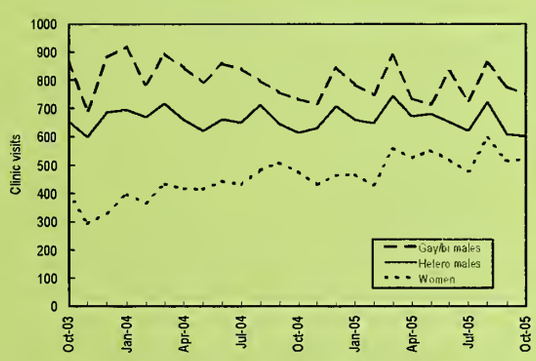

Figure 2. City Clinic visits by gender and sexual orientation.

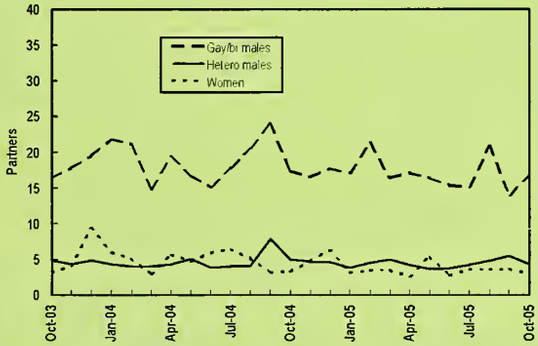

Figure 3. Average number of sex partners past 12 months for City Clinic visits by gender and sexual orientation.

ditorial Note: New Features of InSpot.org

Since the launch of InSpot.org in Fall 2004, users have sent over 20,000 e-notifications informing partners of exposures to STDs. f those, 3719 have been for possible exposure to gonorrhea and 2913 for chlamydia. Beginning this month, recipients of notifications for onorrhea or chlamydia exposures can click and print a prescription for treatment, take that prescription to a local pharmacy and immediately et the treatment they need. Timely treatment is critical in preventing serious illness and ongoing disease transmission.

In addition to anonymous or confidential electronic notification for STDs, InSpot.org now allows persons to notify partners of posure to HIV infection. While most will prefer to disclose HIV status in person, electronic notification offers another option for persons ho may find it difficult to communicate their HIV status. InSpot.org also can be a valuable tool for providers to use for assisting their tients to inform partners about STD and HIV exposures.

Finally, InSpot.org provides tips on how to inform sex partners, where to go to get tested for STDs and HIV, basic information about TDs and HIV, and links to other valuable sites and hotlines. Please remind colleagues, patients, clients and friends about this valuable TD/HIV prevention services. Check it out at www.InSpot.org . *JK/DL*

San Francisco Monthly STD Report

Data for November, 2005
Report prepared December 27, 2005

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ble 1. STDs among San Francisco residents, vember, 2005.

	2005		2004	
	month	*YTD*	*month*	*YTD*
norrhea	197	2,200	204	1,968
Iale rectal gonorrhea	49	425	36	372
amydia	274	3,392	287	3,397
Iale rectal chlamydia	43	445	25	408
V	0	0	3	12
hilis (adult total)	38	461	54	630
rimary & secondary	18	226	32	318
arly latent	16	163	16	186
nknown latent	0	6	0	8
ate latent	4	66	6	118
rosyphilis	0	12	2	37
genital syphilis	0	0	0	1
)	1	30	1	46
ult male shigellosis	5	88	7	83

ble 3. HIV testing among City Clinic patients, vember, 2005.

	2005		2004	
	month	*YTD*	*month*	*YTD*
ts	259	3,014	255	3,483
tibody positive	18	140	9	120
ute HIV infection	3	8	0	10
tiviral resistance (any)*	33%	16%	12%	11%

mplete information at www.sfcityclinic.org/providers/resistance.pdf

ble 4. Methamphetamine-related visits to GH Emergency Departments, November, 05. (Source: SAMHSA/OAS/DAWN)

	2005		2004	
	month	*YTD*	*month*	*YTD*
le	68	665	55	545
nale	14	132	11	137

Note: All statistics are provisional until the annual report is released for the year. Morbidity is based on date of diagnosis. Totals for past months may change due to delays in reporting from labs and providers.

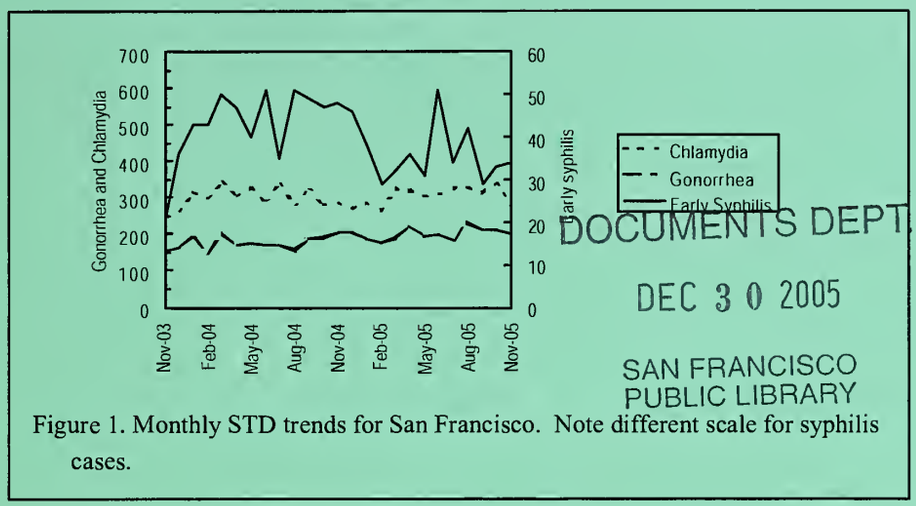

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Figure 1. Monthly STD trends for San Francisco. Note different scale for syphilis cases.

Table 2. Selected STD cases and rates for San Francisco by age and race/ethnicity, 2005 through November only. Rates equal cases per 100,000 residents per year based on 2000 US Census data.

	(All races)		Asian/PI		African American		Hispanic		White	
	cases	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*
All ages										
Chlamydia	3,392	476.4	432	186.7	740	1,260.0	545	542.9	860	276.8
Gonorrhea	2,200	309.0	137	59.2	461	784.9	286	284.9	968	311.6
Early syphilis	389	54.6	32	13.8	24	40.9	79	78.7	231	74.4
Under 20 yrs										
Chlamydia	642	1,363.3	62	310.4	252	4,175.2	93	915.7	46	452.3
Gonorrhea	158	335.5	6	30.0	84	1,391.7	15	147.7	21	206.5
Early syphilis	4	8.5	1	5.0	1	16.6	0	0.0	2	19.7

Figure 2. City Clinic visits by gender and sexual orientation.

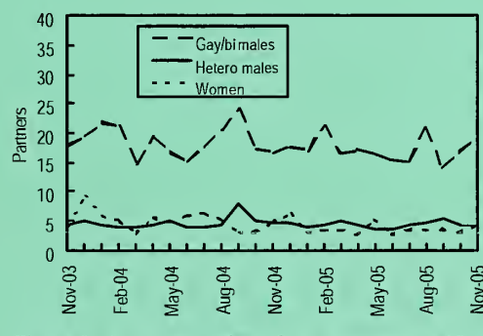

Figure 3. Average number of sex partners past 12 months for City Clinic visits by gender and sexual orientation.

itorial Note: Positive Reinforcement Opportunity Project (PROP): New methamphetamine treatment

Methamphetamine use is a continuing problem in San Francisco and is strongly associated with increased rates of HIV and Ds. As a collaborative project of the SFDPH, the UCSF Positive Health Program, MAGNET, Continuum, UCLA Integrated bstance Abuse Programs and the Friends Research Institute, Inc., we implemented PROP, a new treatment for methamphetamine pendence. PROP offers increasing positive reinforcement in the form of vouchers for methamphetamine-free observed urine cimens provided by participants 3 days a week for 12 weeks. The cost per patient enrolled in a 12-week program is about $1000.

From December 2004 – November 2005, 162 men initiated treatment in PROP. Of 138 men offered 12 weeks of treatment, 83 %) completed six weeks, 57 (41%) completed 10 weeks, and 43 (31%) completed 12 weeks. Initial data suggest that PROP is a sible and low cost strategy to treat methamphetamine dependence with comparable treatment retention to more traditional outpatient gnitive behavioral therapy programs. The impact of PROP on longer-term outcomes and on sexual risk behavior is currently being luated. For more information about PROP, please visit www.PROPSF.com or call 415-355-2000. *FS/CKK*

San Francisco Monthly STD Report

Data for December, 2005
Report prepared February 3, 2006

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Table 1. STDs among San Francisco residents, December, 2005.

	2005		2004	
	month	*YTD*	*month*	*YTD*
Gonorrhea	209	2,420	205	2,174
Male rectal gonorrhea	36	462	38	410
Chlamydia	298	3,713	272	3,674
Male rectal chlamydia	41	485	37	445
LGV	2	5	0	22
Syphilis (adult total)	51	509	50	680
Primary & secondary	24	249	30	348
Early latent	15	178	16	202
Unknown latent	0	6	0	8
Late latent	12	76	4	122
Neurosyphilis	0	17	1	38
Congenital syphilis	0	0	0	1
PID	3	33	4	50
Adult male shigellosis	13	101	15	98

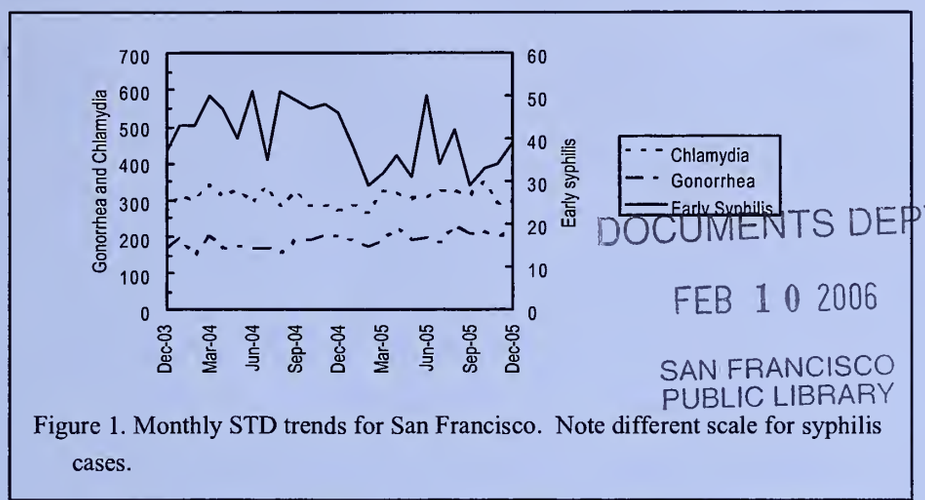

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Figure 1. Monthly STD trends for San Francisco. Note different scale for syphilis cases.

Table 3. HIV testing among City Clinic patients, December, 2005.

	2005		2004	
	month	*YTD*	*month*	*YTD*
Tests	268	3,284	308	3,791
Antibody positive	10	152	20	140
Acute HIV infection	2	10	1	11
Antiviral resistance (any)*	0%	14%	19%	12%

Complete information at www.sfcityclinic.org/providers/resistance.pdf

Table 4. Methamphetamine-related visits to SFGH Emergency Departments, December, 2005. (Source: SAMHSA/OAS/DAWN)

	2005		2004	
	month	*YTD*	*month*	*YTD*
Male	51	716	54	599
Female	12	144	10	147

Note: All statistics are provisional until the annual report is released for the year. Morbidity is based on date of diagnosis. Totals for past months may change due to delays in reporting from labs and providers.

Table 2. Selected STD cases and rates for San Francisco by age and race/ethnicity, 2005 through December. Rates equal cases per 100,000 residents per year based on 2000 US Census data.

	(All races)		Asian/PI		African American		Hispanic		White	
	cases	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*
All ages										
Chlamydia	3,713	478.0	487	193.0	823	1,284.5	591	539.7	937	276.5
Gonorrhea	2,420	311.6	159	63.0	515	803.8	318	290.4	1,050	309.8
Early syphilis	427	55.0	34	13.5	27	42.1	85	77.6	255	75.2
Under 20 yrs										
Chlamydia	699	1,360.7	69	316.6	278	4,222.2	99	893.6	50	450.7
Gonorrhea	178	346.5	8	36.7	95	1,442.8	20	180.5	22	198.3
Early syphilis	4	7.8	1	4.6	1	15.2	0	0.0	2	18.0

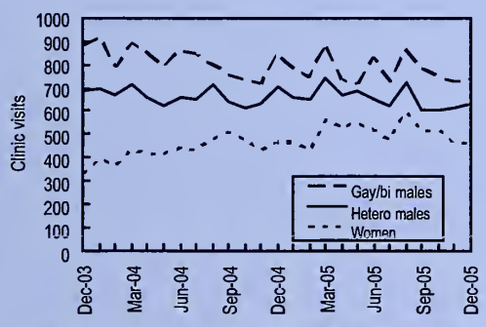

Figure 2. City Clinic visits by gender and sexual orientation.

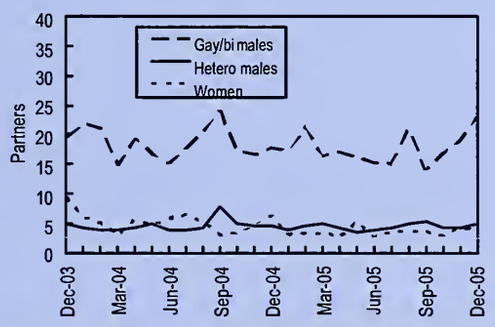

Figure 3. Average number of sex partners past 12 months for City Clinic visits by gender and sexual orientation.

Editorial Note: Summary of Provisional 2005 San Francisco STD Data

Reported cases of early syphilis (primary, secondary and early latent syphilis) declined 23% between 2004 and 2005, the first decrease since syphilis started rapidly increasing in 1999. Gonorrhea increased by 11% between 2004 and 2005. As reported previously, this increase disproportionately affected heterosexuals. Chlamydia remained stable between 2004 and 2005. Between 2004 and 2005, reported rectal infections increased 9% for rectal chlamydia and 11% for rectal gonorrhea. These increases might be the result of increased rectal screening at Magnet, the gay men's health center.

Between 2004 and 2005, visits to the STD clinic, City Clinic, were stable. However, there was a shift in who came to the clinic. The number of visits increased 15% among women, declined 5% among gay/bisexual men, and declined by 2% among heterosexual men. The number of HIV tests performed at City Clinic dropped by 13% between 2004 and 2005. By contrast, the number of HIV infections detected at the clinic increased by 9% between 2004 and 2005. The number of acute HIV infections that were detected remained stable.

More comprehensive data will be available in the summer with the publication of the 2005 STD Annual Summary. *CKK*

San Francisco Monthly STD Report

Data for January, 2006
Report prepared March 2, 2006

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Table 1. STDs among San Francisco residents, January, 2006.

	2006		2005	
	month	*YTD*	*month*	*YTD*
Gonorrhea	211	211	187	187
Male rectal gonorrhea	44	44	39	39
Chlamydia	299	299	287	287
Male rectal chlamydia	40	40	36	36
LGV	4	4	2	2
Syphilis (adult total)	26	26	45	45
Primary & secondary	10	10	21	21
Early latent	11	11	17	17
Unknown latent	0	0	0	0
Late latent	5	5	7	7
Neurosyphilis	0	0	3	3
Congenital syphilis	0	0	0	0
PID	3	3	2	2
Adult male shigellosis	9	9	10	10

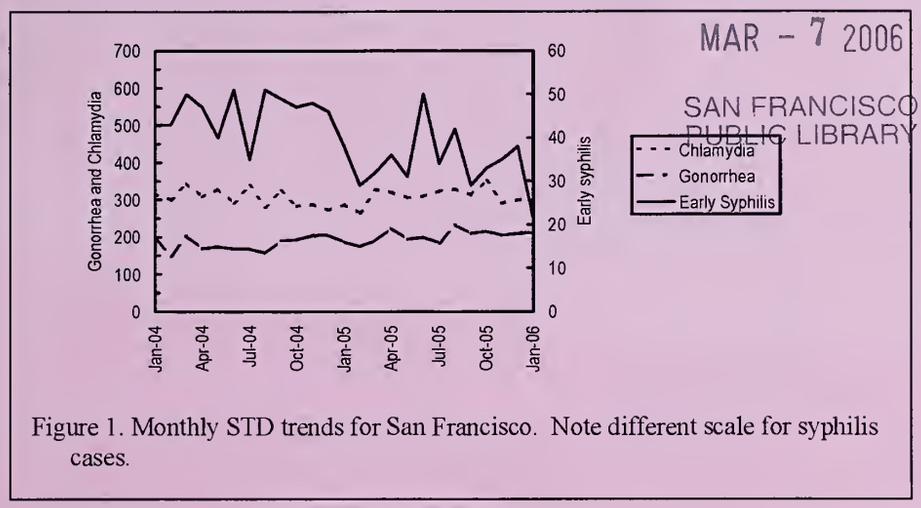

Figure 1. Monthly STD trends for San Francisco. Note different scale for syphilis cases.

Table 2. Selected STD cases and rates for San Francisco by age and race/ethnicity, January 2006 only. Rates equal cases per 100,000 residents per year based on 2000 US Census data.

	(All races)		Asian/PI		African American		Hispanic		White	
	cases	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*
All ages										
Chlamydia	299	461.9	39	185.4	78	1,460.9	47	515.1	76	269.1
Gonorrhea	211	326.0	18	85.6	38	711.7	24	263.0	92	325.8
Early syphilis	21	32.4	0	0.0	3	56.2	5	54.8	9	31.9
Under 20 yrs										
Chlamydia	72	1,681.9	5	275.3	39	7,107.8	10	1,083.1	2	216.3
Gonorrhea	16	373.7	1	55.1	9	1,640.3	1	108.3	1	108.2
Early syphilis	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

Table 3. HIV testing among City Clinic patients, January, 2006.

	2006		2005	
	month	*YTD*	*month*	*YTD*
Tests	277	277	301	301
Antibody positive	12	12	10	10
Acute HIV infection	0	0	1	1
Antiviral resistance (any)*	*N/A*	*N/A*	14%	14%

Complete information at www.sfcityclinic.org/providers/resistance.pdf

Table 4. Methamphetamine-related visits to SFGH Emergency Departments, January, 2006. (Source: SAMHSA/OAS/DAWN)

	2006		2005	
	month	*YTD*	*month*	*YTD*
Male	46	46	61	61
Female	8	8	15	15

Note: All statistics are provisional until the annual report is released for the year. Morbidity is based on date of diagnosis. Totals for past months may change due to delays in reporting from labs and providers.

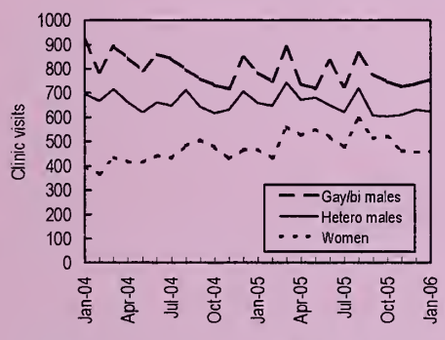

Figure 2. City Clinic visits by gender and sexual orientation.

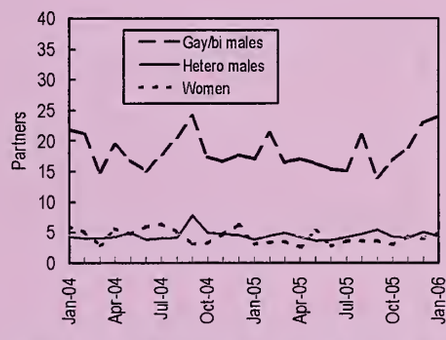

Figure 3. Average number of sex partners past 12 months for City Clinic visits by gender and sexual orientation.

Editorial Note: Gonorrhea in women — San Francisco, 2005

Gonorrhea in women declined substantially from 1999 through 2004. In 2005, reflecting an increase seen throughout the Western United States, gonorrhea cases among women in San Francisco rose 51% compared with 2004 (from 234 cases to 353 cases). Though there was a substantial increase among women of all races, black women had the largest increase (69% from 93 cases to 157 cases) and have a rate of gonorrhea 12 times greater than white women (485.3 per 100,000 compared with 39.5 per 100,000). Hispanic women and white women had increases of 39% and 40%, respectively. Gonorrhea in women aged 15-19 years increased from 67 to 109 cases (63% increase). Gonorrhea in women accounted for only 353 (15%) of 2,420 gonorrhea cases in 2005.

Gonorrhea puts women at increased risk for infertility, pelvic inflammatory disease, chronic pelvic pain, tubal pregnancy (a surgical emergency), and HIV. Most women have mild or no symptoms of gonorrhea, and often do not know they are infected. Despite recent increases, gonorrhea is uncommon in most populations of women in San Francisco except black women. Women with gonorrhea and their partners should be treated promptly. Cases should be re-tested at 3 months. STD Services is interviewing heterosexuals with gonorrhea between the ages of 15 and 35 years to identify risk factors contributing to these recent increases. *PB*

San Francisco Monthly STD Report

Data for February, 2006
Report prepared April 13, 2006

able 1. STDs among San Francisco residents, ebruary, 2006.

	2006		2005	
	month	*YTD*	*month*	*YTD*
onorrhea	185	400	174	361
Male rectal gonorrhea	50	94	39	78
hlamydia	309	613	264	552
Male rectal chlamydia	47	87	31	67
GV	4	8	0	2
yphilis (adult total)	39	64	34	79
Primary & secondary	18	27	12	33
Early latent	13	23	17	34
Unknown latent	0	0	0	0
Late latent	8	14	5	12
eurosyphilis	0	0	2	5
ongenital syphilis	0	0	0	0
ID	5	8	2	4
dult male shigellosis	9	18	9	19

able 3. HIV testing among City Clinic patients, ebruary, 2006.

	2006		2005	
	month	*YTD*	*month*	*YTD*
ests	243	520	298	599
ntibody positive	12	24	10	20
cute HIV infection	1	1	1	2
ntiviral resistance (any)*	*N/A*	*N/A*	22%	13%

Complete information at www.sfcityclinic.org/providers/resistance.pdf

able 4. Methamphetamine-related visits to FGH Emergency Departments, February, 2006. Source: SAMHSA/OAS/DAWN)

	2006		2005	
	month	*YTD*	*month*	*YTD*
Male	39	85	51	112
emale	8	16	4	19

Note: All statistics are provisional until the annual report is released for the year. Morbidity is based on date of diagnosis. Totals for past months may change due to delays in reporting from labs and providers.

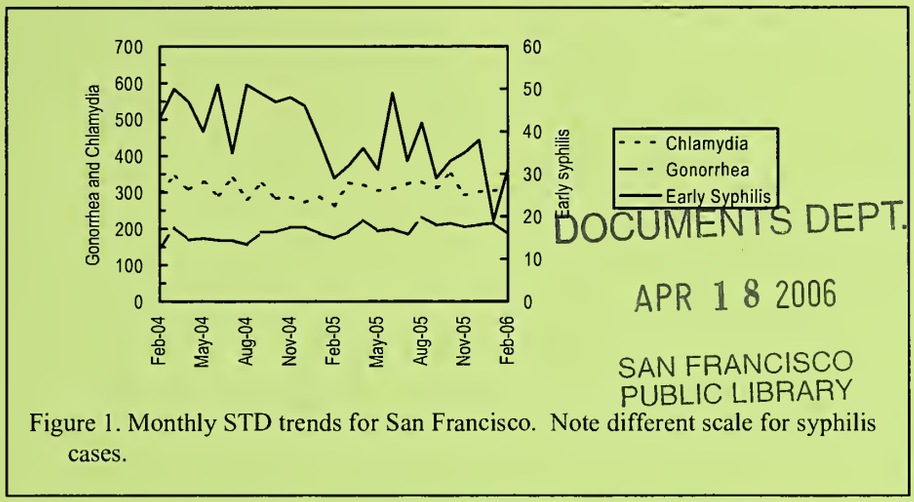

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Figure 1. Monthly STD trends for San Francisco. Note different scale for syphilis cases.

Table 2. Selected STD cases and rates for San Francisco by age and race/ethnicity, 2006 through February only. Rates equal cases per 100,000 residents per year based on 2000 US Census data.

	(All races)		Asian/PI		African American		Hispanic		White	
	cases	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*
All ages										
Chlamydia	613	473.5	69	164.0	158	1,479.6	98	537.0	165	292.1
Gonorrhea	400	309.0	35	83.2	81	758.6	51	279.4	185	327.5
Early syphilis	50	38.6	2	4.8	4	37.5	8	43.8	29	51.3
Under 20 yrs										
Chlamydia	140	1,635.1	10	275.3	71	6,469.9	21	1,137.3	11	594.9
Gonorrhea	25	292.0	1	27.5	15	1,366.9	2	108.3	1	54.1
Early syphilis	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

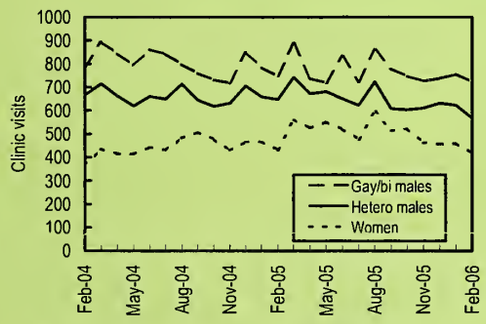

Figure 2. City Clinic visits by gender and sexual orientation.

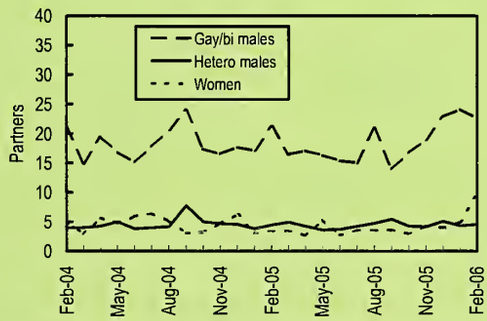

Figure 3. Average number of sex partners past 12 months for City Clinic visits by gender and sexual orientation.

San Francisco Monthly STD Report

Data for March, 2006
Report prepared May 15, 2006

ıble 1. STDs among San Francisco residents, arch, 2006.

	2006		2005	
	month	*YTD*	*month*	*YTD*
ɔnorrhea	181	588	191	552
Male rectal gonorrhea	37	131	25	103
ılamydia	331	979	325	877
Male rectal chlamydia	39	127	39	106
GV	1	9	0	2
/philis (adult total)	47	111	40	119
Primary & secondary	17	44	23	56
Early latent	18	41	9	43
Unknown latent	3	3	1	1
Late latent	9	23	7	19
eurosyphilis	0	0	2	7
ɔngenital syphilis	0	0	0	0
D	5	13	3	7
dult male shigellosis	5	23	8	27

ıble 3. HIV testing among City Clinic patients, arch, 2006.

	2006		2005	
	month	*YTD*	*month*	*YTD*
ests	257	777	323	922
ntibody positive	11	35	11	31
cute HIV infection	2	3	1	3
ntiviral resistance (any)*	*N/A*	*N/A*	33%	12%

Complete information at www.sfcityclinic.org/providers/resistance.pdf

ıble 4. Methamphetamine-related visits to FGH Emergency Departments, March, 2006. ource: SAMHSA/OAS/DAWN)

	2006		2005	
	month	*YTD*	*month*	*YTD*
lale	38	123	35	147
emale	8	24	15	34

Note: All statistics are provisional until the annual report is released for the year. Morbidity is based on date of diagnosis. Totals for past months may change due to delays in reporting from labs and providers.

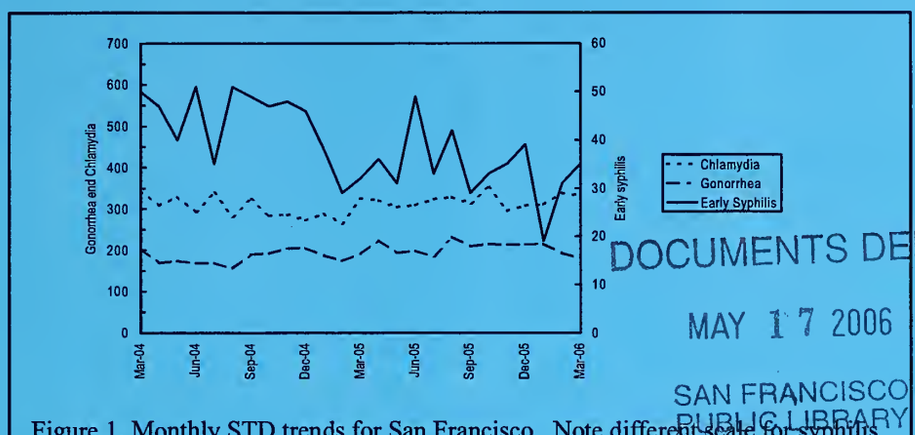

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Figure 1. Monthly STD trends for San Francisco. Note different scale for syphilis cases.

Table 2. Selected STD cases and rates for San Francisco by age and race/ethnicity, 2006 through March only. Rates equal cases per 100,000 residents per year based on 2000 US Census data.

	(All races)		Asian/PI		African American		Hispanic		White	
	cases	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*
All ages										
Chlamydia	979	504.2	109	172.8	268	1,673.2	160	584.5	236	278.5
Gonorrhea	588	302.8	51	80.8	119	742.9	78	284.9	281	331.7
Early syphilis	85	43.8	4	6.3	9	56.2	15	54.8	46	54.3
Under 20 yrs										
Chlamydia	215	1,674.1	20	367.1	114	6,925.6	29	1,047.0	11	396.6
Gonorrhea	42	327.0	3	55.1	25	1,518.8	7	252.7	1	36.1
Early syphilis	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

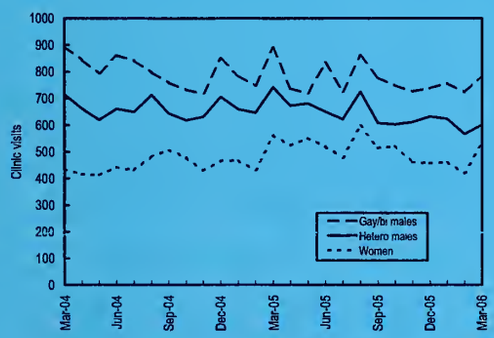

Figure 2. City Clinic visits by gender and sexual orientation.

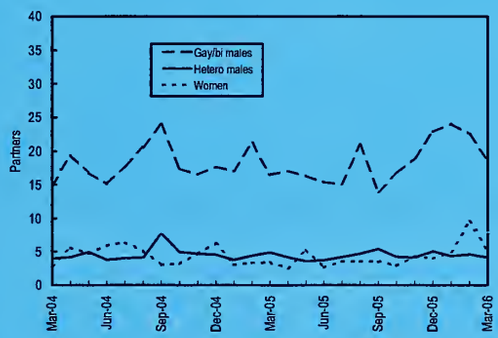

Figure 3. Average number of sex partners past 12 months for City Clinic visits by gender and sexual orientation.

ditorial Note: New recommended treatment dose for gonorrhea – cefpodoxime 400mg

Due to high levels of fluoroquinolone-resistant *Neisseria gonorrhoeae* in California, third generation cephalosporins are the commended treatment for gonorrhea. Of this class of medications, ceftriaxone 125mg is highly effective for the treatment of ɔnorrhea but must be administered by injection. Cefpodoxime (Vantin™) has been FDA- approved for the treatment of gonorrhea at dose of 200mg by mouth. San Francisco City Clinic has used cefpodoxime 200mg by mouth since 2003 without documented eatment failures. However, to assure consistency with California and CDC treatment guidelines, ***SFDPH has changed the ecommended dose of cefpodoxime for gonorrhea to 400mg by mouth***.

As previously reported, rates of gonorrhea are rising among young African-Americans and continue to be high among men ho have sex with men (MSM) in San Francisco. Providers should annually screen sexually active African-Americans aged 25 years ıd younger for gonorrhea and chlamydia. MSM should be screened every 3–6 months for gonorrhea, chlamydia and syphilis. All ersons who test positive for STDs and their sex partners should be treated within 7 days. Cases should be re-tested at 3 months to rule ıt re-infection. *SP/PB*

San Francisco Monthly STD Report

Data for April, 2006
Report prepared May 22, 2006

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able 1. STDs among San Francisco residents, pril, 2006.

	2006		2005	
	month	*YTD*	*month*	*YTD*
onorrhea	151	745	224	776
Male rectal gonorrhea	24	156	35	138
hlamydia	292	1,294	320	1,197
Male rectal chlamydia	39	166	33	139
GV	1	10	0	2
yphilis (adult total)	40	152	46	165
Primary & secondary	17	60	21	77
Early latent	13	54	15	58
Unknown latent	0	3	0	1
Late latent	10	35	10	29
eurosyphilis	0	0	1	8
ongenital syphilis	0	0	0	0
ID	2	15	3	10
dult male shigellosis	7	30	6	33

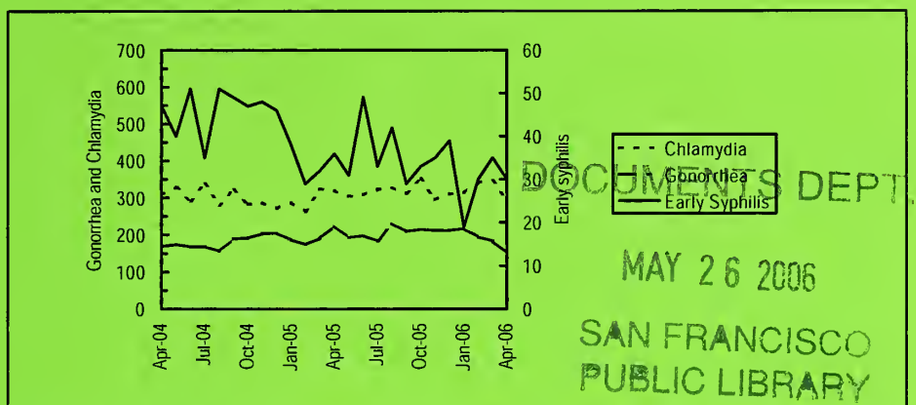

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Figure 1. Monthly STD trends for San Francisco. Note different scale for syphilis cases.

Table 2. Selected STD cases and rates for San Francisco by age and race/ethnicity, 2006 through April only. Rates equal cases per 100,000 residents per year based on 2000 US Census data.

	(All races)		Asian/PI		African American		Hispanic		White	
	cases	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*
All ages										
Chlamydia	1,294	499.8	146	173.6	350	1,638.8	216	591.8	317	280.6
Gonorrhea	745	287.7	62	73.7	151	707.0	100	274.0	346	306.3
Early syphilis	114	44.0	4	4.8	14	65.6	22	60.3	60	53.1
Under 20 yrs										
Chlamydia	288	1,681.9	28	385.5	149	6,788.9	44	1,191.4	14	378.6
Gonorrhea	59	344.6	3	41.3	35	1,594.7	11	297.9	2	54.1
Early syphilis	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

able 3. HIV testing among City Clinic patients, pril, 2006.

	2006		2005	
	month	*YTD*	*month*	*YTD*
ests	273	1,052	265	1,187
ntibody positive	15	52	6	37
cute HIV infection	0	3	0	3
ntiviral resistance (any)*	20%	16%	17%	23%

Complete information at www.sfcityclinic.org/providers/resistance.pdf

able 4. Methamphetamine-related visits to FGH Emergency Departments, April, 2006. Source: SAMHSA/OAS/DAWN)

	2006		2005	
	month	*YTD*	*month*	*YTD*
Male	56	179	64	211
emale	9	33	16	50

Note: All statistics are provisional until the annual report is released for the year. Morbidity is based on date of diagnosis. Totals for past months may change due to delays in reporting from labs and providers.

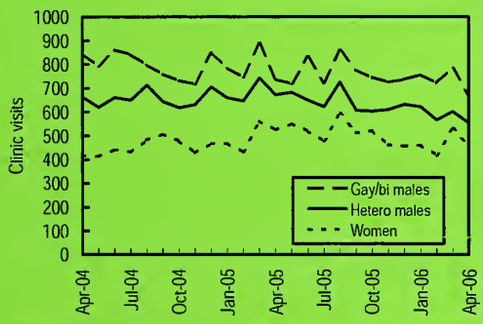

Figure 2. City Clinic visits by gender and sexual orientation.

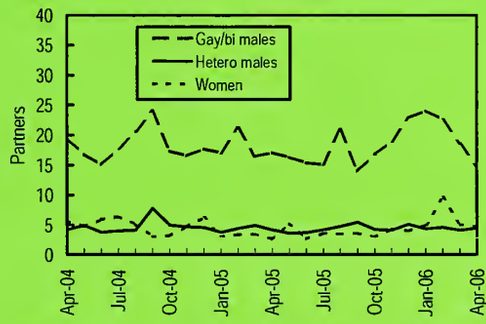

Figure 3. Average number of sex partners past 12 months for City Clinic visits by gender and sexual orientation.

ditorial Note: SEXINFO: New Text Messaging Service for At-Risk, Sexually Active Youth

exInfo is an information and referral service for youth that can be accessed by text-ing "SEXINFO" from any wireless phone to either 10-digit number (MetroPCS users) or a 5-digit number (all others). Information provided on the service answers common questions om at-risk, sexually active youth, such as, "What are symptoms of STDs?" and "What can I do if the condom broke?" or "Where can go if I think I might be pregnant?" The service, launched in April, and was developed by ISIS, Inc. with a consortium of community id youth organizations in response to the rising rates of gonorrhea and chlamydia among African-American youth in San Francisco. outh who tested the service said, "It worked very well. It replied back to me very quickly...in under a minute."

nstructions:

From MetroPCS phones — Text SEXINFO to 917-957-4280
From All Other Phones — Text SEXINFO to 36617

www.sextextsf.org

San Francisco Monthly STD Report

Data for May, 2006
Report prepared June 26, 2006

able 1. STDs among San Francisco residents, lay, 2006

	2006		2005	
	month	*YTD*	*month*	*YTD*
onorrhea	190	926	186	946
Male rectal gonorrhea	50	199	34	169
hlamydia	371	1,724	303	1,498
Male rectal chlamydia	41	206	32	170
GV	0	10	0	2
yphilis (adult total)	58	212	36	201
Primary & secondary	27	88	19	96
Early latent	22	76	12	70
Unknown latent	0	3	1	2
Late latent	9	45	4	33
eurosyphilis	0	0	2	10
ongenital syphilis	0	0	0	0
ID	3	18	4	14
dult male shigellosis	13	43	7	40

able 3. HIV testing among City Clinic patients, lay, 2006

	2006		2005	
	month	*YTD*	*month*	*YTD*
ests	240	1,295	230	1,417
ntibody positive	11	64	14	51
cute HIV infection	2	5	0	3
ntiviral resistance (any)*	N/A	N/A	17%	3%

mplete information at www.sfcityclinic.org providers resistance.pdf

able 4. Methamphetamine-related visits to FGH Emergency Departments, April, 2006. Source: SAMHSA/OAS/DAWN)

	2006		2005	
	month	*YTD*	*month*	*YTD*
Male	56	179	64	211
Female	9	33	16	50

Note: All statistics are provisional until the annual report is released for the year. Morbidity is based on date of diagnosis. Totals for past months may change due to delays in reporting from labs and providers.

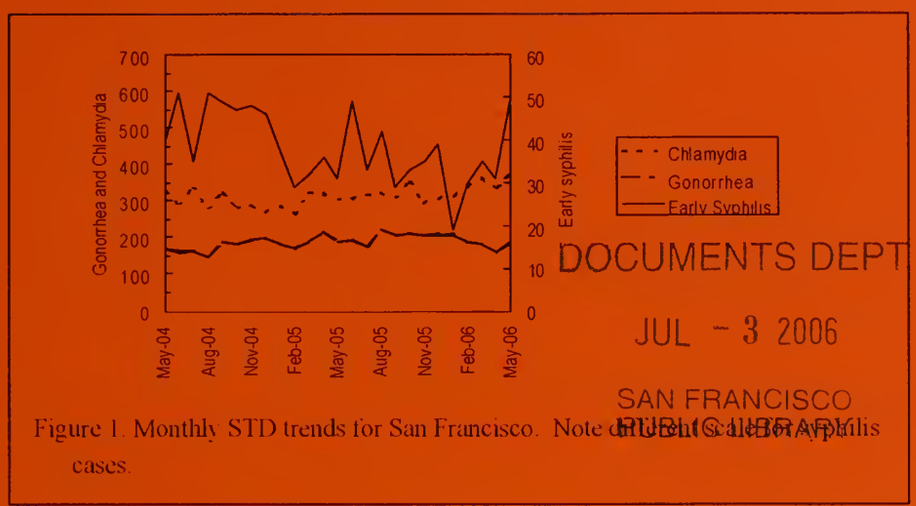

Figure 1. Monthly STD trends for San Francisco. Note different scales for syphilis cases.

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Table 2. Selected STD cases and rates for San Francisco by age and race/ethnicity, 2006 through May only. Rates equal cases per 100,000 residents per year based on 2000 US Census data.

	(All races)		Asian/PI		African American		Hispanic		White	
	cases	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*
All ages										
Chlamydia	1,724	532.7	195	185.4	454	1,700.6	274	600.5	418	296.0
Gonorrhea	926	286.1	74	70.4	188	704.2	120	263.0	431	305.2
Early syphilis	164	50.7	9	8.6	18	67.4	30	65.8	90	63.7
Under 20 yrs										
Chlamydia	389	1,817.3	34	374.5	190	6,925.6	60	1,299.8	26	562.5
Gonorrhea	74	345.7	5	55.1	42	1,530.9	13	281.6	2	43.3
Early syphilis	1	4.7	0	0.0	0	0.0	0	0.0	0	0.0

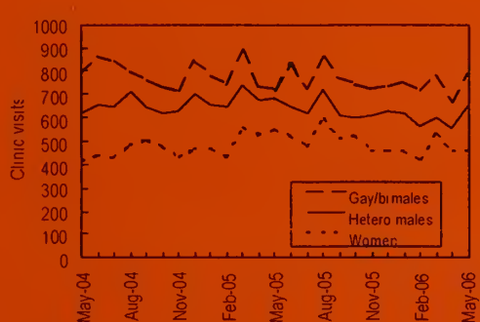

Figure 2. City Clinic visits by gender and sexual orientation.

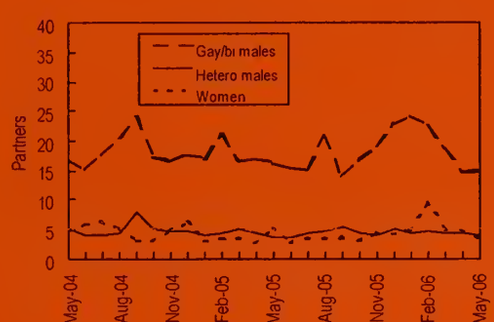

Figure 3. Average number of sex partners past 12 months for City Clinic visits by gender and sexual orientation.

ncreased Screening Leads To Increased Case Detection Of Rectal Gonorrhea

Between 2001 and 2005, reported cases of rectal gonorrhea (GC) increased more than two-fold, from 213 to 461 cases. We lieve that a large part of this increase is explained by SFDPH's expansion of rectal screening and improvements in test technology. uring this time, the number of rectal GC screening tests supported by SFDPH increased 250%. The percentage of tests submitted by reening program providers other than City Clinic increased from 2% (45/2,132) of tests in 001 to 54% (4,026/7,395) of tests in 005. Since 2002, 90% of rectal GC cases were detected by SFDPH programs. In addition to expansion of rectal GC screening, two portant changes in test technology occurred during this time. In 2001, a more sensitive nucleic acid amplification test (NAAT) placed gonorrhea culture, and in 2005, SFDPH changed to an even more sensitive NAAT.

Most rectal infections are asymptomatic and will not be detected and treated without routine screening. Because these fection increase risk of HIV acquisition two-to-five-fold, we recommend routine rectal NAAT screening of men who have had ceptive anal sex, regardless or reported condom use. *KS CKK*

NEW STD management protocols are available online at: http: www.dph.sf.ca.us sfcityclinic providers

San Francisco Monthly STD Report

Data for June, 2006
Report prepared July 24, 2006

SF
P70
#87
6/06

Table 1. STDs among San Francisco residents, June, 2006.

	2006		2005	
	month	*YTD*	*month*	*YTD*
Gonorrhea	203	1,135	192	1,138
Male rectal gonorrhea	44	243	37	207
Chlamydia	329	2,074	307	1,805
Male rectal chlamydia	40	246	39	209
LGV	0	10	0	2
Syphilis (adult total)	55	268	50	249
Primary & secondary	25	115	25	121
Early latent	20	93	23	93
Unknown latent	1	5	1	3
Late latent	9	55	1	32
Neurosyphilis	0	0	2	12
Congenital syphilis	0	0	0	0
PID	2	20	2	16
Adult male shigellosis	11	54	4	44

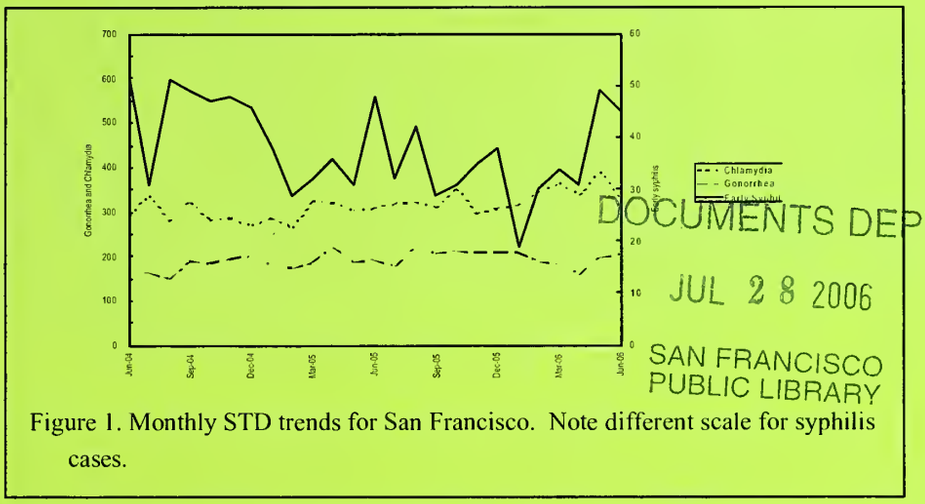

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Figure 1. Monthly STD trends for San Francisco. Note different scale for syphilis cases.

Table 2. Selected STD cases and rates for San Francisco by age and race/ethnicity, 2006 through June only. Rates equal cases per 100,000 residents per year based on 2000 US Census data.

	(All races)		Asian/PI		African American		Hispanic		White	
	cases	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*
All ages										
Chlamydia	2,074	534.0	235	186.2	540	1,685.7	326	595.4	508	299.8
Gonorrhea	1,135	292.3	82	65.0	233	727.3	145	264.8	538	317.5
Early syphilis	208	53.6	11	8.7	25	78.0	34	62.1	115	67.9
Under 20 yrs										
Chlamydia	454	1,767.5	40	367.1	224	6,804.1	70	1,263.7	26	468.7
Gonorrhea	87	338.7	5	45.9	47	1,427.6	15	270.8	6	108.2
Early syphilis	1	3.9	0	0.0	0	0.0	0	0.0	0	0.0

Table 3. HIV testing among City Clinic patients, June, 2006.

	2006		2005	
	month	*YTD*	*month*	*YTD*
Tests	287	1,694	304	1,830
Antibody positive	14	46	10	61
Acute HIV infection	0	5	0	3
Antiviral resistance (any)*	0%	13%	30%	21%

*Complete information at www.sfcityclinic.org/providers/resistance.pdf

Table 4. Methamphetamine-related visits to SFGH Emergency Departments, June, 2006. (Source: SAMHSA/OAS/DAWN)

	2006		2005	
	month	*YTD*	*month*	*YTD*
Male	30	245	57	338
Female	9	54	6	71

Note: All statistics are provisional until the annual report is released for the year. Morbidity is based on date of diagnosis. Totals for past months may change due to delays in reporting from labs and providers.

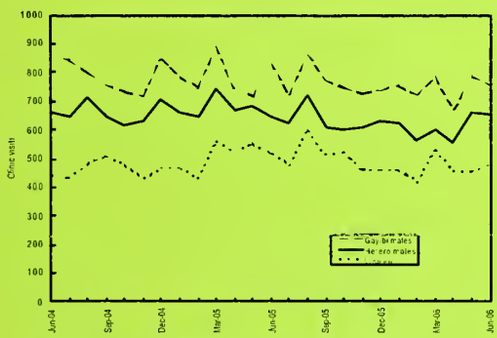

Figure 2. City Clinic visits by gender and sexual orientation.

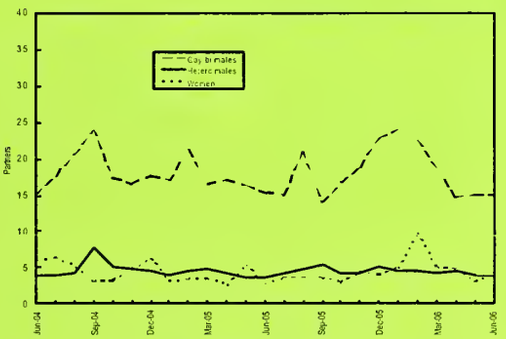

Figure 3. Average number of sex partners past 12 months for City Clinic visits by gender and sexual orientation.

Editorial Note: Trends in Herpes Culture Testing Over 11 Years at San Francisco's STD Clinic

During a syphilis epidemic, it is likely that testing for herpes increases due to increased evaluation of genital ulcer disease. We evaluated herpes genital culture testing frequency and positivity at San Francisco's STD clinic, City Clinic, from 1995-2005. Between 1995 and 2000, testing increased gradually from 276 to 449 cultures per year. Beginning in 2001, with the onset of the syphilis epidemic, herpes genital culture testing increased dramatically to a peak of 740 cultures in 2004. While overall positivity decreased from 61% to 39% ($p<0.001$) between 1995 and 2005, the number of infections detected increased from 157 to 232. Among herpes positive specimens, the proportion positive for HSV1, usually associated with oral infections (rather than HSV2, usually associated with genital infections) increased from 22% (34/157) to 36% (84/232) ($p<0.01$). This increase was seen across all genders and sexual orientations.

Over the 11-year period there was a 48% increase in the number of herpes infections detected and a significant increase in the proportion of genital infections likely acquired through oral sex. We anticipate a newly implemented protocol for HSV PCR, replacing culture, will further improve our diagnostic ability. *SP/KS*

San Francisco Monthly STD Report

Data for July, 2006
Report prepared August 22, 2006

SF
P70
#87
7/06

ble 1. STDs among San Francisco residents, , 2006.

	2006		2005	
	month	*YTD*	*month*	*YTD*
norrhea	244	1,381	177	1,315
Iale rectal gonorrhea	64	307	36	243
amydia	341	2,431	318	2,123
Iale rectal chlamydia	48	293	49	258
V	0	10	0	2
hilis (adult total)	42	313	39	291
rimary & secondary	22	139	22	144
arly latent	13	107	11	104
nknown latent	1	6	1	4
ate latent	6	61	5	39
urosyphilis	0	0	1	13
ngenital syphilis	0	0	0	0
)	1	21	4	20
ult male shigellosis	7	61	11	55

ble 3. HIV testing among City Clinic patients, , 2006.

	2006		2005	
	month	*YTD*	*month*	*YTD*
ts	287	1,983	274	2,104
ibody positive	10	56	12	73
ute HIV infection	0	5	0	3
iviral resistance (any)*	NA	NA	11%	20%

mplete information at www.sfcityclinic.org/providers/resistance.pdf

ble 4. Methamphetamine-related visits to GH Emergency Departments, July, 2006. urce: SAMHSA/OAS/DAWN)

	2006		2005	
	month	*YTD*	*month*	*YTD*
le	37	282	56	394
nale	13	67	10	81

lote: All statistics are provisional until the nnual report is released for the year. Morbidity is based on date of diagnosis. Totals for past months may change due to elays in reporting from labs and providers.

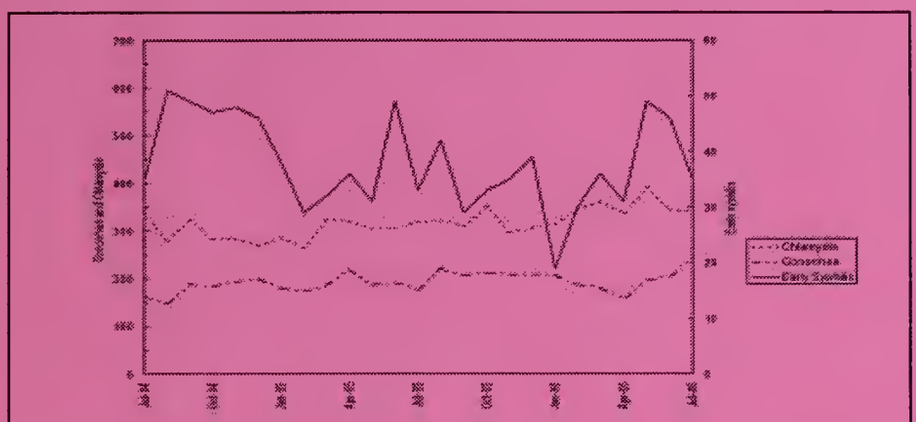

Figure 1. Monthly STD trends for San Francisco. Note different scale for syphilis cases.

Table 2. Selected STD cases and rates for San Francisco by age and race/ethnicity, 2006 through July only. Rates equal cases per 100,000 residents per year based on 2000 US Census data.

	(All races)		Asian/PI		African American		Hispanic		White	
	cases	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*
All ages										
Chlamydia	2,431	536.5	266	180.7	623	1,666.9	385	602.7	605	306.0
Gonorrhea	1,381	304.8	98	66.6	284	759.9	173	270.8	669	338.4
Early syphilis	246	54.3	13	8.8	29	77.6	39	61.1	138	69.8
Under 20 yrs										
Chlamydia	528	1,761.9	43	338.3	254	6,613.1	79	1,222.4	31	479.0
Gonorrhea	100	333.7	7	55.1	54	1,405.9	16	247.6	6	92.7
Early syphilis	1	3.3	0	0.0	0	0.0	0	0.0	0	0.0

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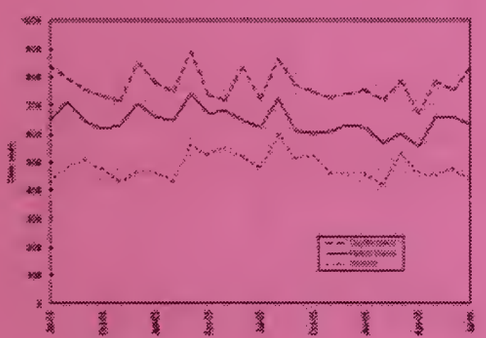

Figure 2. City Clinic visits by gender and sexual orientation.

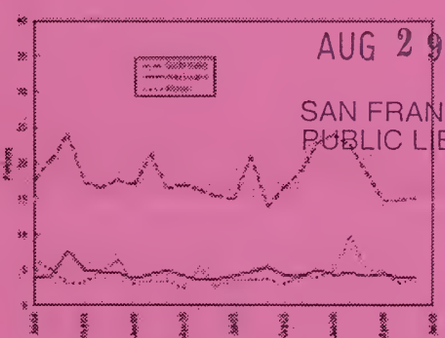

Figure 3. Average number of sex partners past 12 months for City Clinic visits by gender and sexual orientation.

itorial Note: 2006 CDC Sexually Transmitted Disease Treatment Guidelines

w CDC Treatment Guidelines were published in August, 2006. Below are select highlights:

- **Herpes** – Acyclovir 800mg po TID x 2 days and Famciclovir 1000mg BID x 1 day are added as recommended regimens for episodic therapy for recurrent outbreaks.
- **Syphilis** – Azithromycin is no longer recommended due to increasing resistance in T. pallidum. Benzathine penicillin G remains the mainstay of syphilis treatment.
- **Gonorrhea**– Cefpodoxime 400mg po x 1 and cefuroxime 1g po x 1 can be considered as alternate regimens in uncomplicated urogenital disease.
- **Trichomonaisis** – Tinidazole 2g po x 1 added. Metronidazole 2g po x 1 is still an acceptable treatment.

e full text of the guidelines can be accessed at: http://www.cdc.gov/mmwr/pdf/rr/rr5511.pdf. SP/ KS

San Francisco Monthly STD Report

Data for August, 2006
Report prepared September 22, 2006

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ble 1. STDs among San Francisco residents, ugust, 2006.

	2006		2005	
	month	*YTD*	*month*	*YTD*
norrhea	245	1,655	227	1,567
Male rectal gonorrhea	70	390	34	284
lamydia	336	2,765	322	2,446
Male rectal chlamydia	61	355	47	305
GV	1	11	0	2
philis (adult total)	50	366	50	341
Primary & secondary	23	165	26	170
Early latent	19	125	16	120
Unknown latent	0	6	0	4
Late latent	8	70	8	47
eurosyphilis	0	0	1	14
ngenital syphilis	0	0	0	0
D	2	23	4	24
dult male shigellosis	16	77	6	51

ble 3. HIV testing among City Clinic patients and HIV sistance testing among select City and County testing cilities, August, 2006.

	2006		2005	
	month	*YTD*	*month*	*YTD*
sts	254	2,237	297	2,402
ntibody positive	11	67	10	83
cute HIV infection	0	5	1	4
ntiviral resistance (any)*	*NA*	*15%*	0%	18%

omplete information: www.sfcityclinic.org/providers/master_resistance.cvs

ble 4. Methamphetamine-related visits to GH Emergency Departments, August, 2006. ource: SAMHSA/OAS/DAWN)

	2006		2005	
	month	*YTD*	*month*	*YTD*
ale	44	326	67	461
emale	5	72	9	90

Note: All statistics are provisional until the annual report is released for the year. Morbidity is based on date of diagnosis. Totals for past months may change due to delays in reporting from labs and providers.

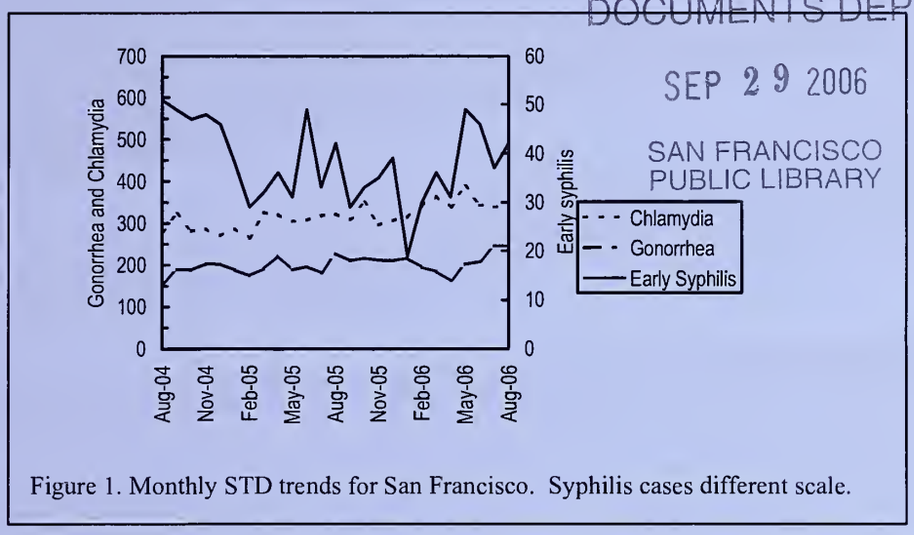

Figure 1. Monthly STD trends for San Francisco. Syphilis cases different scale.

Table 2. Selected STD cases and rates for San Francisco by age and race/ethnicity, August 2006 only. Rates equal cases per 100,000 residents per year based on 2000 US Census data.

	(All races)		Asian/PI		Black		Hispanic		White	
	cases	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*
All ages										
Chlamydia	2,765	534.0	314	186.6	703	1,645.9	439	601.4	688	304.5
Gonorrhea	1,655	319.6	114	67.8	338	791.3	218	298.6	797	352.8
Early syphilis	290	56.0	16	9.5	37	86.6	47	64.4	162	71.7
Under 20 yrs										
Chlamydia	596	1,740.3	49	337.3	287	6,538.3	94	1,272.7	35	473.2
Gonorrhea	115	335.8	8	55.1	65	1,480.8	18	243.7	7	94.7
Early syphilis	2	5.8	0	0.0	1	22.8	0	0.0	0	0.0

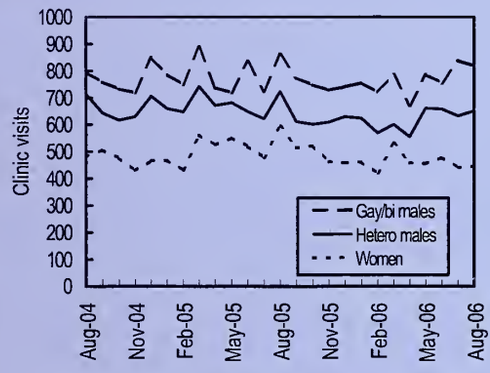

Figure 2. City Clinic visits by gender and sexual orientation.

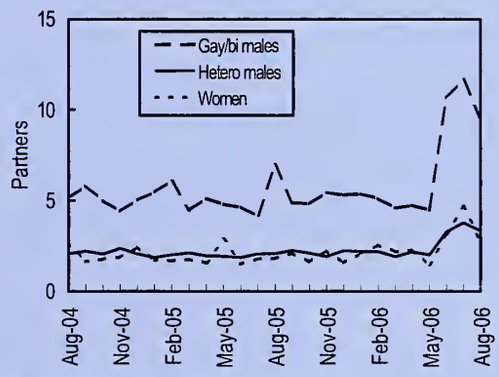

Figure 3. Average number of recent* sex partners for City Clinic visits by gender and sexual orientation.
**Recall period changed from 2 to 3 months in June 2006.*

ditorial Note: ACIP Recommends HPV vaccine for girls and women 9 to 26 years old

In June, the Advisory Committee on Immunization Practices (ACIP) recommended the first FDA-approved vaccine to prevent rvical cancer and other conditions caused by genital human papillomavirus (HPV). The vaccine, Gardasil®, protects against four HPV pes, which are responsible for 70% of cervical cancers and 90% of genital warts. Vaccination is recommended for 11 and 12 year d girls with three doses scheduled at 0, 2, and 6 months. Vaccine should be given before onset of sexual activity and can be started ginning at 9 years old. Women 13-26 years can also benefit from vaccination, although those that are sexually active may not fully nefit if they have already acquired one or more vaccine HPV type(s). The vaccine does not replace the need for cervical cancer reening.

HPV is the most common sexually transmitted infection in the United States and the leading cause of cervical cancer in omen. More than 20 million men and women in the United States are infected with HPV and there are 6.2 million new infections each ar. For more information, visit: CDC HPV Infection website **www.cdc.gov/std/HPV/**
City Clinic, "For Providers" website **www.sfcityclinic.org/providers** *KS/JK*

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San Francisco Monthly STD Report

Data for September, 2006
Report prepared October 20, 2006

ıble 1. STDs among San Francisco residents, ptember, 2006.

	2006		2005	
	month	*YTD*	*month*	*YTD*
onorrhea	213	1,869	210	1,777
Male rectal gonorrhea	41	431	47	331
hlamydia	271	3,049	309	2,755
Male rectal chlamydia	34	389	45	350
GV	1	16	0	2
yphilis (adult total)	59	427	41	382
Primary & secondary	33	198	13	183
Early latent	18	143	16	136
Unknown latent	1	7	1	5
Late latent	7	79	11	58
eurosyphilis	0	5	1	15
ongenital syphilis	0	0	0	0
D	0	23	3	27
dult male shigellosis	5	82	7	58

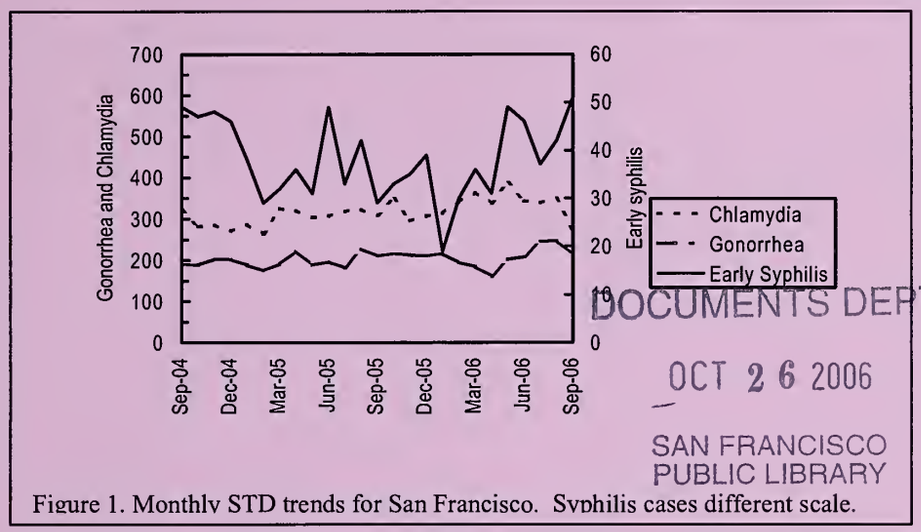

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Figure 1. Monthly STD trends for San Francisco. Syphilis cases different scale.

ıble 3. HIV testing among City Clinic patients and HIV sistance testing among select City and County testing cilities, September, 2006.

	2006		2005	
	month	*YTD*	*month*	*YTD*
sts	269	2,506	305	2,707
ntibody positive	9	76	17	100
cute HIV infection	0	5	0	4
ntiviral resistance (any)*	*NA*	*15%*	0%	14%

Complete information: www.sfcityclinic.org/providers/master_resistance.csv

ıble 4. Methamphetamine-related visits to GH Emergency Departments, September, 06. (Source: SAMHSA/OAS/DAWN)

	2006		2005	
	month	*YTD*	*month*	*YTD*
ale	47	373	62	523
male	8	80	11	101

Note: All statistics are provisional until the annual report is released for the year. Morbidity is based on date of diagnosis. Totals for past months may change due to delays in reporting from labs and providers.

Table 2. Selected STD cases and rates for San Francisco by age and race/ethnicity, September 2006 only. Rates equal cases per 100,000 residents per year based on 2000 US Census data.

	(All races)		Asian/PI		African American		Hispanic		White	
	cases	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*
All ages										
Chlamydia	3,049	523.4	355	187.6	772	1,606.6	477	580.8	767	301.8
Gonorrhea	1,869	320.8	134	70.8	381	792.9	245	298.3	897	352.9
Early syphilis	341	58.5	21	11.1	44	91.6	53	64.5	193	75.9
Under 20 yrs										
Chlamydia	654	1,697.4	52	318.2	319	6,459.8	102	1,227.6	38	456.7
Gonorrhea	132	342.6	9	55.1	77	1,559.3	19	228.7	8	96.2
Early syphilis	3	7.8	0	0.0	2	40.5	0	0.0	0	0.0

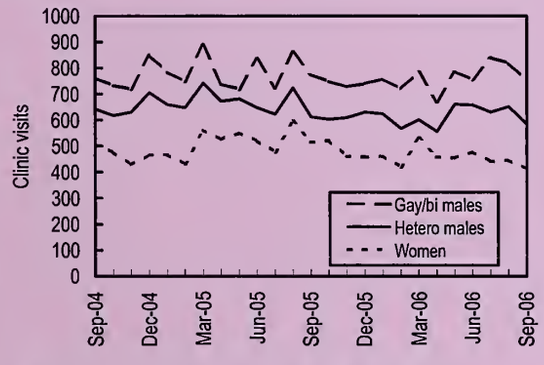

Figure 2. City Clinic visits by gender and sexual orientation.

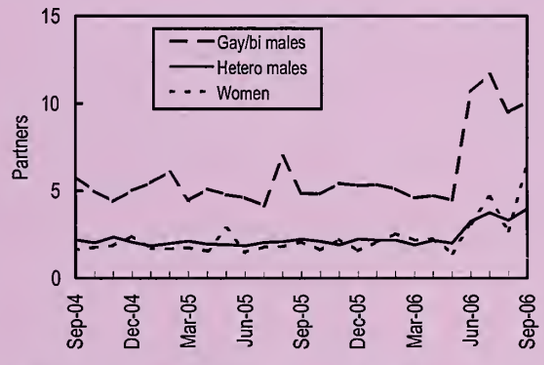

Figure 3. Average number of recent* sex partners for City Clinic visits by gender and sexual orientation.
**Recall period changed from 2 to 3 months in June 2006.*

ditorial Note: New Legislation Extends Use of Patient Delivered Partner Therapy in California

suring treatment of sex partners with an STD is important to prevent re-infection and control the spread of disease. In 1999, California opted legislation (SB 648-Ortiz) authorizing partner treatment strategies for Chlamydia. New legislation (AB 2280-Leno) passed last month tends this practice to Gonorrhea and other STDs. This law, effective January 1, 2007, permits medical practitioners to prescribe, dispense, nish or otherwise provide prescription antibiotics (e.g. Cefpodoxime 400mg orally once for Gonorrhea) to a patient's sex partner without amination of that patient's partner. Written materials with the medication should describe the STD, review potential adverse effects and ergic reactions, and advise that a full medical exam is preferred over self-treatment. Example patient information sheets are on our website. with all treatable STDs, re-testing at 3 months is recommended to rule out repeat infection.

r more information, visit:

City Clinic, "For Providers" website — www.sfcityclinic.org/providers
CDC EPT Review and Guidelines — www.cdc.gov/std/treatment/EPTFinalReport2006.pdf

KS/JK

San Francisco Monthly STD Report

Data for October, 2006
Report prepared November 20, 2006

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able 1. STDs among San Francisco residents, ctober, 2006.

	2006		2005	
	month	*YTD*	*month*	*YTD*
onorrhea	212	2,088	216	1,993
Male rectal gonorrhea	48	480	44	375
hlamydia	337	3,427	350	3,105
Male rectal chlamydia	43	432	47	397
GV	0	16	1	3
yphilis (adult total)	37	463	37	419
Primary & secondary	15	212	22	205
Early latent	17	161	11	147
Unknown latent	1	8	0	5
Late latent	4	82	4	62
eurosyphilis	0	5	3	18
ongenital syphilis	0	0	0	0
D	1	25	1	28
dult male shigellosis	7	89	14	72

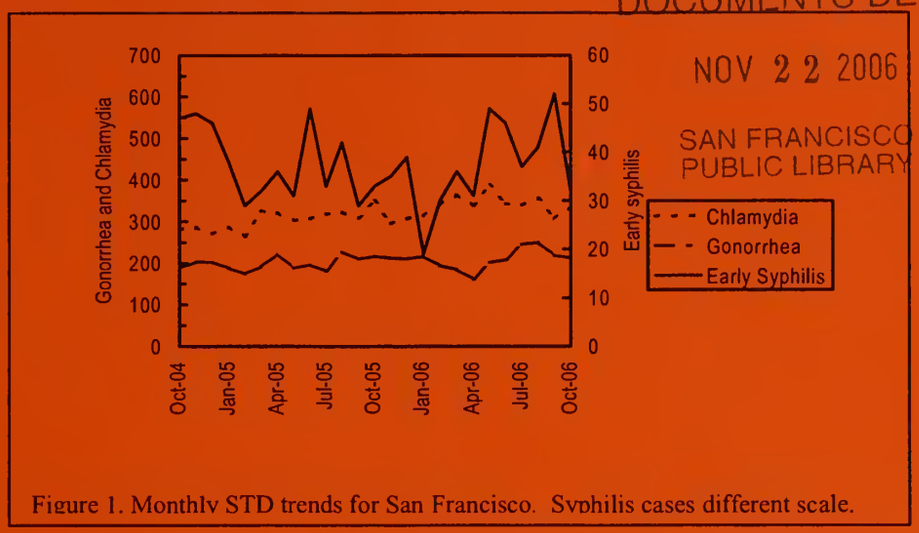

Figure 1. Monthly STD trends for San Francisco. Syphilis cases different scale.

able 3. HIV testing among City Clinic patients and HIV s stance testing among select City and County testing cilities, October, 2006.

	2006		2005	
	month	*YTD*	*month*	*YTD*
ests	283	2,789	304	3,011
ntibody positive	5	81	8	108
cute HIV infection	1	6	0	4
ntiviral resistance (any)*	*0%*	*15%*	19%	15%

Complete information. www.sfcityclinic.org/providers/master_resistance.csv

able 4. Methamphetamine-related visits to GH Emergency Departments, October, 2006. ource: SAMHSA/OAS/DAWN)

	2006		2005	
	month	*YTD*	*month*	*YTD*
ale	33	406	74	597
emale	12	92	17	118

Note: All statistics are provisional until the annual report is released for the year. Morbidity is based on date of diagnosis. Totals for past months may change due to delays in reporting from labs and providers.

Table 2. Selected STD cases and rates for San Francisco by age and race/ethnicity, October 2006 only. Rates equal cases per 100,000 residents per year based on 2000 US Census data.

	(All races)		Asian/PI		African American		Hispanic		White	
	cases	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*
All ages										
Chlamydia	3,427	529.5	398	189.2	862	1,614.5	543	595.1	867	307.0
Gonorrhea	2,088	322.6	152	72.3	431	807.2	279	305.7	999	353.7
Early syphilis	373	57.6	24	11.4	46	86.2	62	67.9	210	74.4
Under 20 yrs										
Chlamydia	749	1,749.6	62	341.4	355	6,469.9	127	1,375.6	44	475.9
Gonorrhea	151	352.7	11	60.6	88	1,603.8	22	238.3	9	97.4
Early syphilis	3	7.0	0	0.0	2	36.5	0	0.0	0	0.0

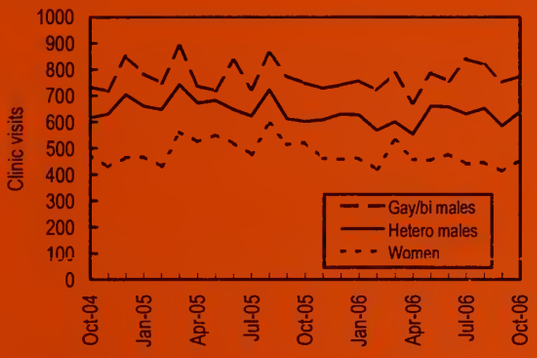

Figure 2. City Clinic visits by gender and sexual orientation.

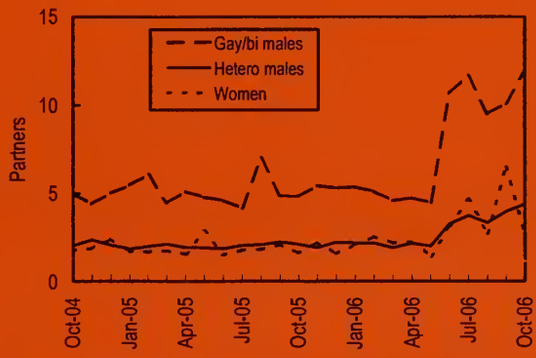

Figure 3. Average number of recent* sex partners for City Clinic visits by gender and sexual orientation.
**Recall period changed from 2 to 3 months in June 2006.*

ditorial Note: STD Program Contacts and Interviews Patients With Newly Diagnosed HIV Infection

In September 2005, the San Francisco Department of Public Health STD Prevention and Control Services Section gan contacting and interviewing patients newly diagnosed with HIV infection. These interviews are conducted with patients agnosed at any San Francisco Department of Public Health (SFDPH) medical setting, including the San Francisco General ospital Medical Center, its affiliated clinics and community-oriented primary care clinics.

This service has enabled SFDPH to ensure that persons learn their HIV test results, are linked to medical care and, if propriate, receive referrals for mental health and substance use services. In addition, during case-patient interviews, important idemiologic data are collected to help target HIV and STD prevention efforts. Finally, this activity enables SFDPH to conduct rtner notification and anonymously inform potentially exposed sex partners of their recent risk of HIV infection.

When conducting HIV testing, please remember to inform patients of this important program. Please contact the TD Section HIV/STD Program Manager Mr. Giuliano Nieri at 415-487-5516 for any questions. *JDK/KS*

San Francisco Monthly STD Report

Data for November, 2006
Report prepared December 22, 2006

[illegible] STDs among San Francisco residents [illegible] 2006

	2006		2005	
	month	*YTD*	*month*	*YTD*
[illegible]	190	2,280	211	2,203
[illegible] gonorrhea	34	513	54	429
[illegible]	265	3,715	295	3,398
Male rectal chlamydia	38	469	44	441
[illegible]	0	16	0	3
[illegible] (adult total)	34	499	38	457
Primary & secondary	10	224	19	224
[illegible]	12	172	16	163
[illegible]	2	10	0	5
[illegible]	10	93	3	65
[illegible]	0	5	0	18
[illegible]	0	0	0	0
[illegible]	2	27	1	29
[illegible]	7	96	5	77

[illegible] HIV testing among City Clinic patients and HIV [illegible] testing among select City and County testing [illegible] November, 2006

	2006		2005	
	month	*YTD*	*month*	*YTD*
[illegible]	232	3,022	291	3,302
[illegible]	12	93	10	118
[illegible] HIV infection	1	9	3	8
[illegible]	0%	14%	1%	14%

[illegible] Methamphetamine-related visits to [illegible] Emergency Departments, November [illegible] SAMHSA/OAS DAWN)

	2006		2005	
	month	*YTD*	*month*	*YTD*
[illegible]	38	444	68	665
[illegible]	7	99	14	132

[illegible] 60 months are presented until the [illegible] is released for the year [illegible] based on date of diagnosis [illegible] figure may change due to [illegible] reporting from labs and providers

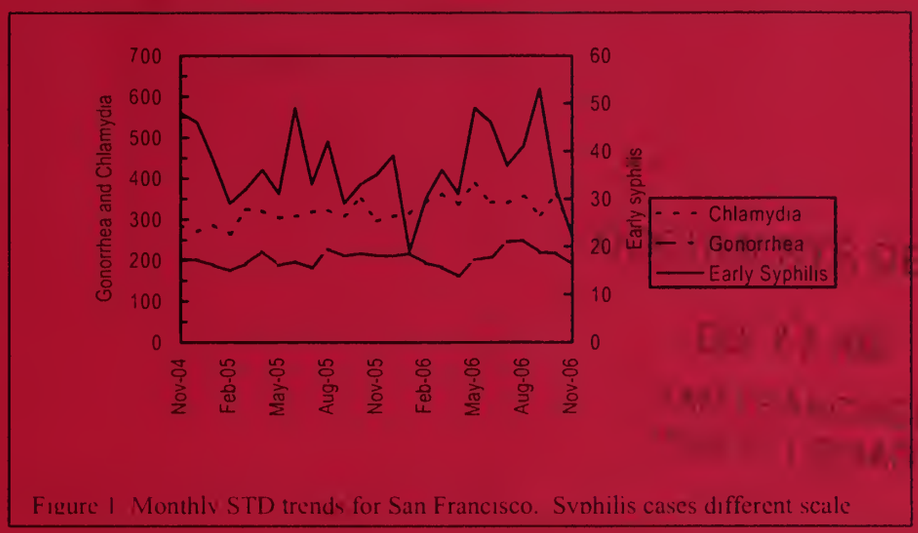

Figure 1 Monthly STD trends for San Francisco. Syphilis cases different scale

Table 2 Selected STD cases and rates for San Francisco by age and race/ethnicity, November 2006 only Rates equal cases per 100,000 residents per year based on 2000 US Census data

	(All races)		Asian/PI		African American		Hispanic		White	
	cases	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*
All ages										
Chlamydia	3,715	521 8	445	192.4	922	1,569.9	584	581 8	928	298.7
Gonorrhea	2,280	320 2	159	68 7	486	827.5	310	308.8	1,082	348.3
Early syphilis	396	55 6	25	10.8	51	86.8	64	63.8	224	72.1
Under 20 yrs										
Chlamydia	806	1,711 6	65	325.4	378	6,262.8	135	1,329.3	47	462.2
Gonorrhea	168	356 8	11	55.1	98	1,623.7	25	246.2	10	98.3
Early syphilis	3	6 4	0	0 0	2	33.1	0	0.0	0	0.0

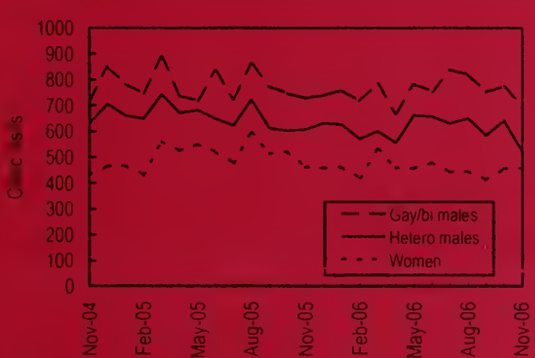

Figure 2 City Clinic visits by gender and sexual orientation

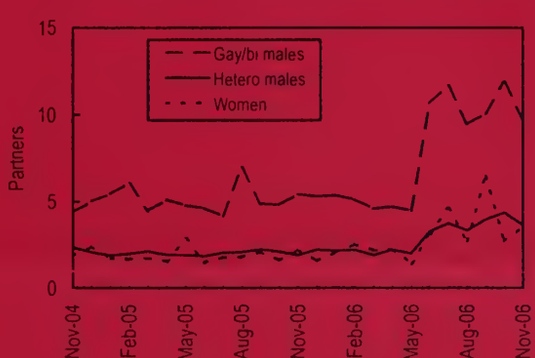

Figure 3. Average number of recent* sex partners for City Clinic visits by gender and sexual orientation.
**Recall period changed from 2 to 3 months in June 2006*

[illegible] Note: Declining rates of circumcision among men born after 1970: San Francisco STD Clinic, 1996-2005

Two NIH funded clinical trials of adult male circumcision were stopped early after an interim data review this month revealed that [illegible] reduces by half a man's risk of acquiring HIV through heterosexual intercourse. These results add to existing literature that [illegible] that safely performed male circumcision is a valid HIV prevention intervention that can potentially reduce the impact of the [illegible] AIDS epidemic especially in sub-Saharan Africa.

These findings might have less impact on the HIV epidemic in the United States where most men have been circumcised. [illegible] in the US greatly increased after WWII, climbing from 30% of men born in the 1930s to 80% in the mid-1960s. (JAMA; [illegible] 1052-57) Overall, 56% of San Francisco STD Clinic male patients seen between 1996 and 2005 were circumcised and rates varied [illegible] and race. Circumcision was more common in Blacks (62%) and Whites (60%) than Asians (48%) and Hispanics (42%). [illegible] increased among clinic patients born between 1920 and 1960 and then declined about 30% among men born after 1970. [illegible] research is needed to assess the contribution of circumcision to HIV transmission among men who have sex with men, and as a [illegible] in the United States given declining rates of circumcision.

KS/CKK

[illegible] STD Reporting: 415-487-5666, 415-431-1628 (fax)

www.sfcityclinic.org

San Francisco Monthly STD Report

Data for December, 2006
Report prepared January 26, 2007

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able 1. STDs among San Francisco residents, ecember, 2006.

	2006 month	2006 YTD	2005 month	2005 YTD
onorrhea	181	2,468	210	2,413
Male rectal gonorrhea	44	557	37	466
hlamydia	292	4,019	307	3,705
Male rectal chlamydia	44	512	41	482
GV	0	16	2	5
yphilis (adult total)	33	529	51	508
Primary & secondary	19	244	24	248
Early latent	11	177	15	178
Unknown latent	0	10	0	5
Late latent	3	98	12	77
eurosyphilis	0	5	0	18
ongenital syphilis	0	0	0	0
D	2	29	3	32
dult male shigellosis	1	97	13	90

able 3. HIV testing among City Clinic patients and HIV sistance testing among select City and County testing cilities, December, 2006.

	2006 month	2006 YTD	2005 month	2005 YTD
ests	272	3,098	263	3,251
ntibody positive	9	103	4	122
cute HIV infection	1	10	2	10
ntiviral resistance (any)*	*0%*	*14%*	30%	15%

Complete information: www.sfcityclinic.org/providers/master_resistance.csv

able 4. Methamphetamine-related visits to FGH Emergency Departments, December, 006. (Source: SAMHSA/OAS/DAWN)

	2006 month	2006 YTD	2005 month	2005 YTD
ale	44	488	51	716
emale	14	113	12	144

Note: All statistics are provisional until the annual report is released for the year. Morbidity is based on date of diagnosis. Totals for past months may change due to delays in reporting from labs and providers.

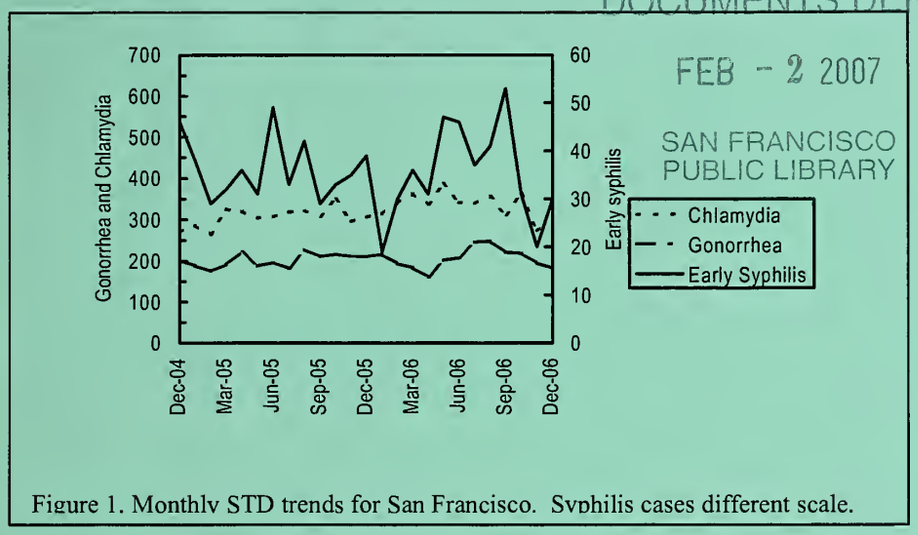

Figure 1. Monthly STD trends for San Francisco. Syphilis cases different scale.

Table 2. Selected STD cases and rates for San Francisco by age and race/ethnicity, December 2006 only. Rates equal cases per 100,000 residents per year based on 2000 US Census data.

	(All races) cases	(All races) rate	Asian/PI cases	Asian/PI rate	African American cases	African American rate	Hispanic cases	Hispanic rate	White cases	White rate
All ages										
Chlamydia	4,019	517.4	472	187.0	992	1,548.3	620	566.2	1,019	300.7
Gonorrhea	2,468	317.7	173	68.6	532	830.3	333	304.1	1,162	342.9
Early syphilis	421	54.2	26	10.3	51	79.6	70	63.9	239	70.5
Under 20 yrs										
Chlamydia	860	1,674.1	70	321.2	404	6,135.8	140	1,263.7	53	477.7
Gonorrhea	181	352.3	12	55.1	108	1,640.3	26	234.7	10	90.1
Early syphilis	3	5.8	0	0.0	2	30.4	0	0.0	0	0.0

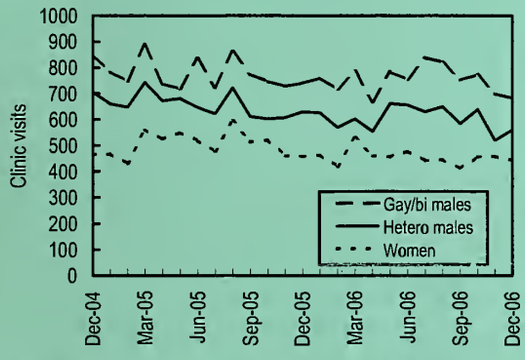

Figure 2. City Clinic visits by gender and sexual orientation.

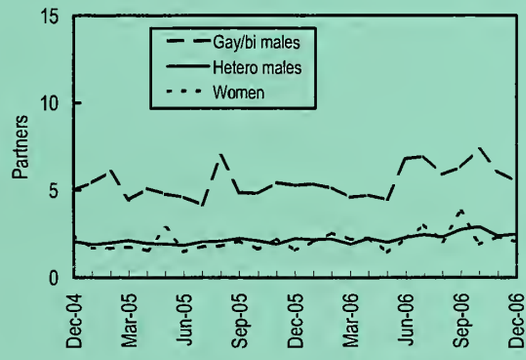

Figure 3. Average number of recent* sex partners for City Clinic visits by gender and sexual orientation.
**Recall period changed from 2 to 3 months in June 2006.*

ditorial Note:

Reported cases of early syphilis (primary, secondary and early latent syphilis) and gonorrhea remained stable between 2005 and 06, while chlamydia cases increased 9%. Rectal infections also continued to increase, with a 20% increase in rectal gonorrhea cases and a % increase in rectal chlamydia cases from 2005 to 2006. Our previous analyses, reported in the May report, suggest that these increases are rgely explained by the expansion of rectal screening and improvements in test technology.

When we compare preliminary STD rates for 2006 with 2005 (see http://www.dph.sf.ca.us/Reports/STD/SFSTDAnnlSum2005.pdf), norrhea rates have stabilized among African Americans, but there has been a 20% increase in chlamydia rates in this population. hlamydia increased by 9% among whites and 5% among Hispanics, but decreased 3% among Asian/PIs. There continue to be substantial sparities by race/ethnicity for STDs in San Francisco, with Asian/PIs having the lowest rates and African Americans the highest rates.

The number of HIV tests performed at City Clinic decreased 5% from 2005 to 2006 and the number of positive antibody tests also creased from 122 to 103, a 16% reduction. The number of acute HIV infections that were detected remained stable.

More comprehensive data will be available with the publication of the 2006 STD Annual Summary. *KS/CKK*

San Francisco Monthly STD Report

Data for January, 2007
Report prepared February 16, 2007

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1/07

able 1. STDs among San Francisco residents, nuary, 2007.

	2007		2006	
	month	*YTD*	*month*	*YTD*
onorrhea	187	187	216	216
Male rectal gonorrhea	55	55	46	46
hlamydia	265	265	314	314
Male rectal chlamydia	49	49	40	40
GV	0	0	4	4
yphilis (adult total)	39	39	25	25
Primary & secondary	15	15	9	9
Early latent	17	17	10	10
Unknown latent	0	0	0	0
Late latent	7	7	6	6
eurosyphilis	0	0	0	0
ongenital syphilis	0	0	0	0
ID	1	1	3	3
dult male shigellosis	7	7	9	9

able 3. HIV testing among City Clinic patients and HIV sistance testing among select City and County testing icilities, January, 2007.

	2007		2006	
	month	*YTD*	*month*	*YTD*
ests	317	322	267	267
ntibody positive	11	11	3	3
cute HIV infection	2	2	0	0
ntiviral resistance (any)*	*33%*	*33%*	40%	40%

Complete information: www.sfcityclinic.org/providers/master_resistance.csv

able 4. Methamphetamine-related visits to FGH Emergency Departments, January, 2007. Source: SAMHSA/OAS/DAWN)

	2007		2006	
	month	*YTD*	*month*	*YTD*
lale	47	47	46	46
emale	13	13	8	8

Note: All statistics are provisional until the annual report is released for the year. Morbidity is based on date of diagnosis. Totals for past months may change due to delays in reporting from labs and providers.

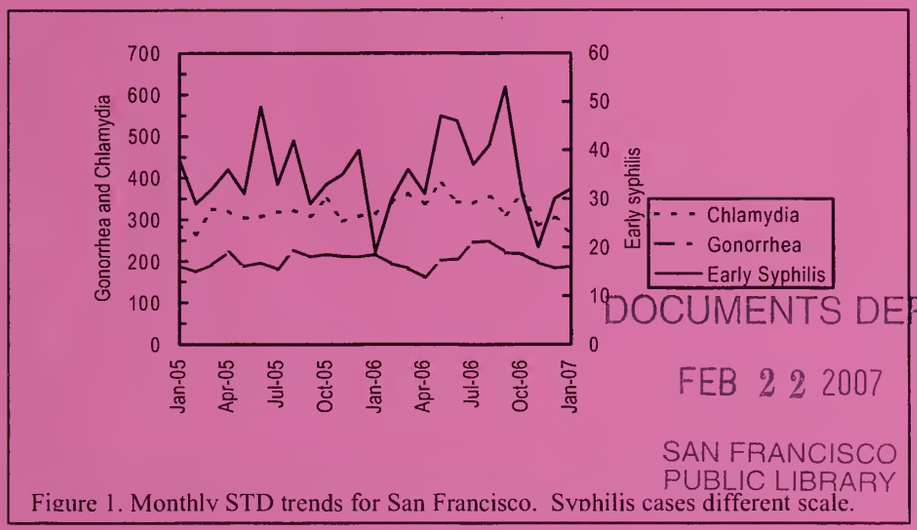

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Figure 1. Monthly STD trends for San Francisco. Syphilis cases different scale.

Table 2. Selected STD cases and rates for San Francisco by age and race/ethnicity, January 2007 only. Rates equal cases per 100,000 residents per year based on 2000 US Census data.

	(All races)		Asian/PI		African American		Hispanic		White	
	cases	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*
All ages										
Chlamydia	265	409.4	40	190.2	56	1,048.9	42	460.3	64	226.6
Gonorrhea	187	288.9	20	95.1	36	674.3	21	230.1	84	297.4
Early syphilis	32	49.4	1	4.8	2	37.5	7	76.7	20	70.8
Under 20 yrs										
Chlamydia	41	957.7	4	220.3	15	2,733.8	5	541.6	5	540.8
Gonorrhea	12	280.3	0	0.0	9	1,640.3	1	108.3	1	108.2
Early syphilis	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

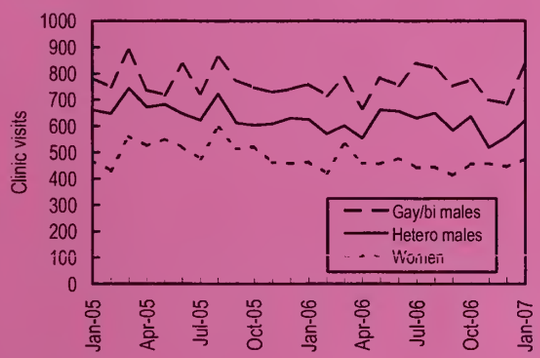

Figure 2. City Clinic visits by gender and sexual orientation.

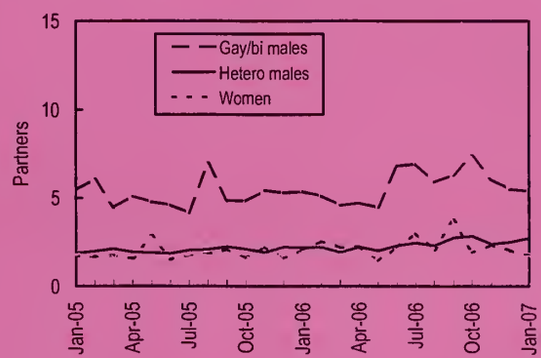

Figure 3. Average number of recent* sex partners for City Clinic visits by gender and sexual orientation.
**Recall period changed from 2 to 3 months in June 2006.*

ditorial Note: Sex Workers in Adult Detention: Demographic Characteristics and Chlamydia and Gonorrhea Prevalence

In San Francisco, females 18-35 and males 18-30 in adult detention are routinely screened for chlamydia and gonorrhea. uring 2006, 24% (126/528) of women and 4% (17/433) of men screened at the intake facility were arrested on sex worker charges. mong females screened for STDs at the intake jail, sex workers were younger (mean age 23.3 vs. 24.5 years, p<.001) and more likely be white (24% vs. 15%, p<0.01) than arrestees booked on other charges. In comparison, male sex workers were older (mean age 5.1 vs. 22.8 years, p<0.01) and more likely to be hispanic (71% vs. 20%, p<0.01) than other arrestees.

Female sex workers were 1.7 times more likely to have chlamydia (15.3% vs 8.8%, p<0.05) and 2.2 times more likely to have onorrhea (6.5% vs. 3.0%, p=0.07) than non-sex workers. Male sex workers were 2.3 times more likely to have chlamydia (17.6% vs. 5%, p=.13) and less likely to have gonorrhea (0% vs 1.9%), but these differences were not statistically significant.

Young persons screened in jails have a substantial prevalence of chlamydia and gonorrhea. Given the higher prevalence of ifections in sex workers, this is a key population to target consensual screening and treatment in the detention setting. *KS*

San Francisco Monthly STD Report

Data for February, 2007
Report prepared March 26, 2007

able 1. STDs among San Francisco residents, ebruary, 2007.

	2007		2006	
	month	*YTD*	*month*	*YTD*
onorrhea	176	383	193	409
Male rectal gonorrhea	47	108	49	95
hlamydia	276	607	341	656
Male rectal chlamydia	47	97	48	88
GV	0	0	4	8
yphilis (adult total)	40	81	39	64
Primary & secondary	14	29	17	26
Early latent	17	37	13	23
Unknown latent	0	0	0	0
Late latent	9	15	9	15
eurosyphilis	0	0	0	0
ongenital syphilis	0	0	0	0
D	1	2	5	8
dult male shigellosis	2	9	9	18

able 3. HIV testing among City Clinic patients and HIV sistance testing among select City and County testing cilities, February, 2007.

	2007		2006	
	month	*YTD*	*month*	*YTD*
ests	291	613	236	503
ntibody positive	4	15	7	10
cute HIV infection	0	2	1	1
ntiviral resistance (any)*	*0%*	*14%*	21%	29%

omplete information: www.sfcityclinic.org/providers/master_resistance.csv

able 4. Methamphetamine-related visits to FGH Emergency Departments, February, 2007. ource: SAMHSA/OAS/DAWN)

	2007		2006	
	month	*YTD*	*month*	*YTD*
lale	43	90	39	85
emale	8	21	8	16

Note: All statistics are provisional until the annual report is released for the year. Morbidity is based on date of diagnosis. Totals for past months may change due to delays in reporting from labs and providers.

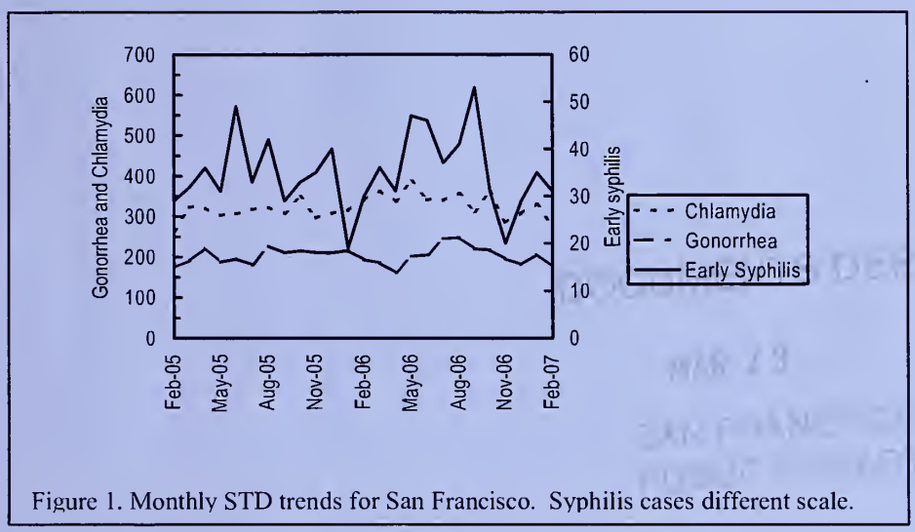

Figure 1. Monthly STD trends for San Francisco. Syphilis cases different scale.

Table 2. Selected STD cases and rates for San Francisco by age and race/ethnicity, through February 2007 only. Rates equal cases per 100,000 residents per year based on 2000 US Census data.

	(All races)		Asian/PI		African American		Hispanic		White	
	cases	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*
All ages										
Chlamydia	607	468.9	85	202.1	130	1,217.4	98	537.0	143	253.2
Gonorrhea	383	295.9	34	80.8	87	814.7	49	268.5	160	283.3
Early syphilis	66	51.0	3	7.1	8	74.9	11	60.3	38	67.3
Under 20 yrs										
Chlamydia	106	1,238.0	9	247.8	49	4,465.2	15	812.4	8	432.7
Gonorrhea	23	268.6	1	27.5	16	1,458.0	3	162.5	1	54.1
Early syphilis	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

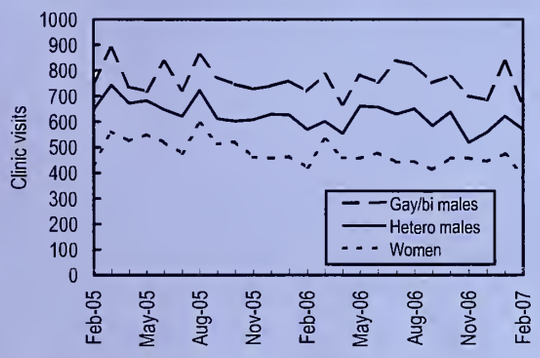

Figure 2. City Clinic visits by gender and sexual orientation.

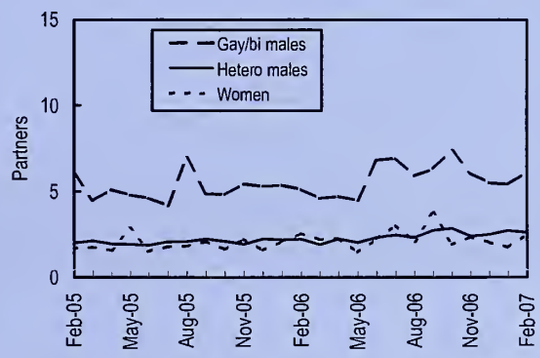

Figure 3. Average number of recent* sex partners for City Clinic visits by gender and sexual orientation.
**Recall period changed from 2 to 3 months in June 2006.*

ditorial Note: April is National STD Awareness Month

pril is National STD Awareness Month, a national effort to increase awareness of STD prevention, transmission and treatment. The FDPH STD Program encourages you to join us in promoting STD awareness this April. Here are some ideas of how you can corporate STD awareness activities into your workplace, school, and faith-based communities:

- Announce STD Awareness Month on your website, bulletin board, newsletter and at meetings and services.
- Obtain STD fact sheets and make them available at your clinic, school, church or other organizations.
- SFDPH STD Fact Sheets in English & Spanish: **www.sfcityclinic.org/providers,** Click on "STD Fact Sheets"
- Promote awareness of free and confidential local clinics that provide STD testing.
- SFDPH STD Clinic (a.k.a. City Clinic), 356 7th St, SF, CA 94103 415-487-5500 Hours: M 8-4, Tu 1-6, W 8-4, Th 1-4, F 8-4
- Other San Francisco Clinics offering STD services: **www.sfcityclinic.org/moreresources**

or more information about STD Awareness Month, contact Frank Strona at 415-355-2024 or **Frank.Strona@sfdph.org** *KS*

San Francisco Monthly STD Report

Data for March, 2007
Report prepared April 23, 2007

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able 1. STDs among San Francisco residents, arch, 2007.

	2007		2006	
	month	*YTD*	*month*	*YTD*
onorrhea	172	557	185	594
Male rectal gonorrhea	39	147	38	133
hlamydia	322	945	363	1,019
Male rectal chlamydia	53	150	39	127
GV	0	0	1	9
yphilis (adult total)	42	121	49	113
Primary & secondary	19	48	18	44
Early latent	13	48	18	41
Unknown latent	1	1	3	3
Late latent	9	24	10	25
eurosyphilis	0	0	4	4
ongenital syphilis	0	0	0	0
D	3	5	5	13
dult male shigellosis	42	13	5	23

able 3. HIV testing among City Clinic patients and HIV sistance testing among select City and County testing cilities, March, 2007.

	2007		2006	
	month	*YTD*	*month*	*YTD*
ests	343	956	252	755
ntibody positive	12	27	6	16
cute HIV infection	0	2	2	3
ntiviral resistance (any)*	*29%*	*19%*	29%	23%

Complete information: www.sfcityclinic.org/providers/master_resistance.csv

able 4. Methamphetamine-related visits to FGH Emergency Departments, March, 2007. ource: SAMHSA/OAS/DAWN)

	2007		2006	
	month	*YTD*	*month*	*YTD*
lale	37	127	38	123
emale	17	38	8	24

Note: All statistics are provisional until the annual report is released for the year. Morbidity is based on date of diagnosis. Totals for past months may change due to delays in reporting from labs and providers.

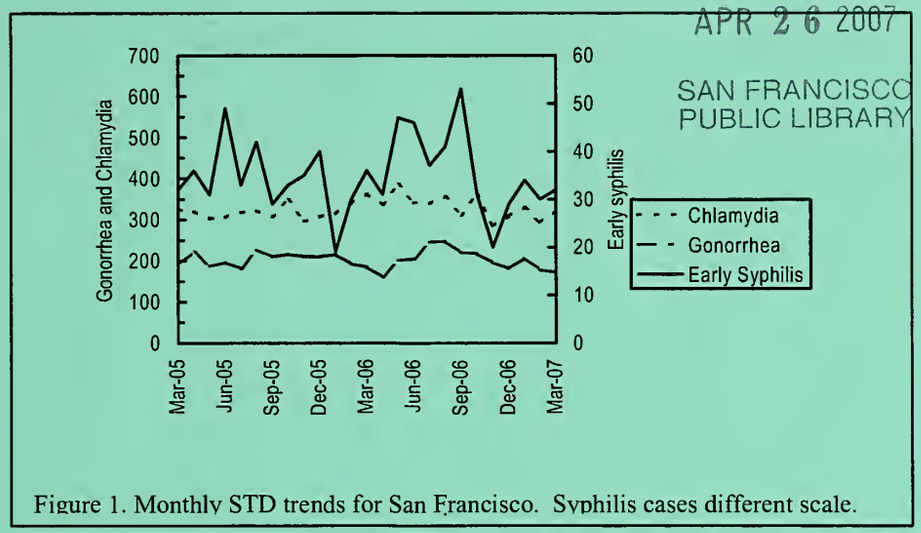

Figure 1. Monthly STD trends for San Francisco. Syphilis cases different scale.

Table 2. Selected STD cases and rates for San Francisco by age and race/ethnicity, through March 2007 only. Rates equal cases per 100,000 residents per year based on 2000 US Census data.

	(All races)		Asian/PI		African American		Hispanic		White	
	cases	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*
All ages										
Chlamydia	945	486.7	135	214.0	186	1,161.2	146	533.3	239	282.1
Gonorrhea	557	286.8	45	71.3	122	761.7	67	244.7	238	280.9
Early syphilis	96	49.4	5	7.9	10	62.4	16	58.5	54	63.7
Under 20 yrs										
Chlamydia	172	1,339.3	23	422.2	68	4,131.0	21	758.2	18	649.0
Gonorrhea	38	295.9	2	36.7	22	1,336.5	7	252.7	1	36.1
Early syphilis	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

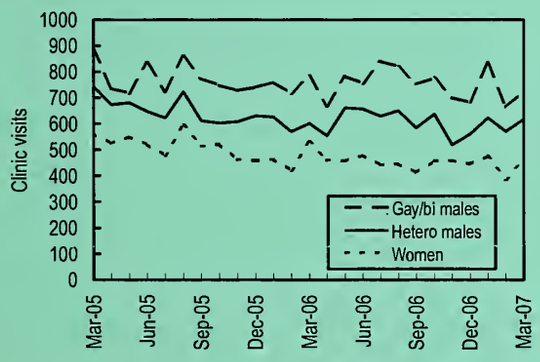

Figure 2. City Clinic visits by gender and sexual orientation.

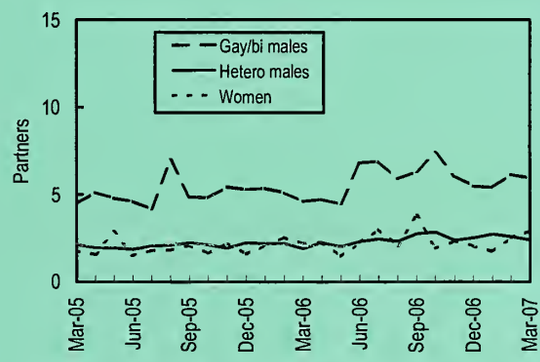

Figure 3. Average number of recent* sex partners for City Clinic visits by gender and sexual orientation.
**Recall period changed from 2 to 3 months in June 2006.*

ditorial Note: Fluoroquinolones no longer recommended for treatment of gonococcal infections in the United States

In April, the Centers for Disease Control and Prevention (CDC) expanded the restriction against fluoroquinolone treatment for norrhea to the entire United States. Fluoroquinolones were first discontinued as recommended gonorrhea treatment in Hawaii in 2000, in alifornia in 2002 and in gay men and other men who have sex with men nationally in 2004.

This new recommendation is based on data from the Gonococcal Isolate Surveillance Project, which monitors trends in antimicrobial sceptibilities of strains of *Neisseria gonorrhea* in the United States. The analysis found that the proportion of heterosexual men with ioroquinolone-resistant gonorrhea increased from 0.6% in 2001 to 6.7% in 2006, an 11-fold increase. In San Francisco 34% of gonococcal olates were fluoroquinolone-resistant in 2005.

Recommended treatment options are now limited to a single class of antibiotics, cephalosporins. Available treatments for patients and cent partners include cefpodoxime 400 mg single oral dose or ceftriaxone 125 mg injection. All patients with gonorrhea should be re-tested 3 months to rule out infection. Free prescriptions for epidemiologic partner treatment are also available through InSpot.org. *KS/JDK*

San Francisco Monthly STD Report

Data for April, 2007
Report prepared May 22, 2007

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Table 1. STDs among San Francisco residents, April, 2007.

	2007		2006	
	month	*YTD*	*month*	*YTD*
Gonorrhea	153	710	161	755
Male rectal gonorrhea	36	183	24	157
Chlamydia	306	1,254	337	1,356
Male rectal chlamydia	46	196	37	164
LGV	2	4	3	12
Syphilis (adult total)	45	168	42	155
Primary & secondary	20	68	18	62
Early latent	15	61	13	54
Unknown latent	1	2	0	3
Late latent	9	37	11	36
Neurosyphilis	0	2	0	4
Congenital syphilis	0	0	0	0
PID	2	7	2	15
Adult male shigellosis	11	24	8	31

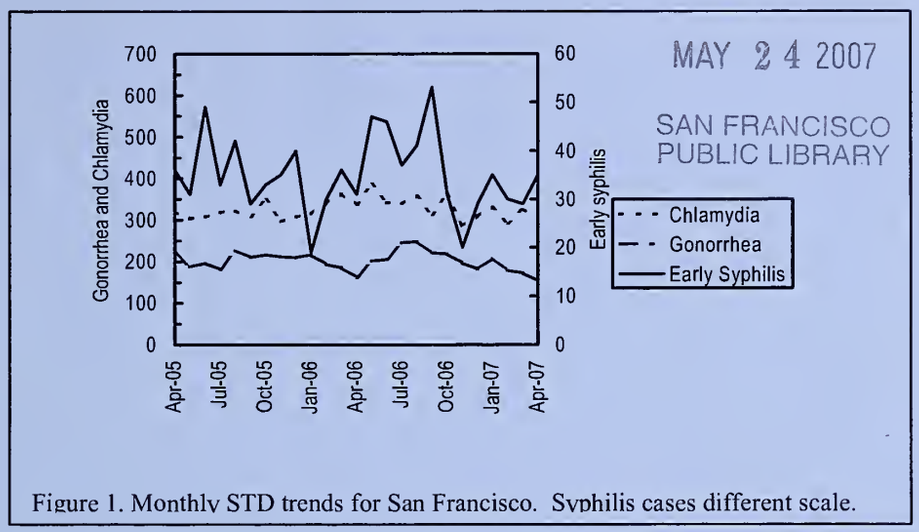

Figure 1. Monthly STD trends for San Francisco. Syphilis cases different scale.

Table 2. Selected STD cases and rates for San Francisco by age and race/ethnicity, through April 2007 only. Rates equal cases per 100,000 residents per year based on 2000 US Census data.

	(All races)		Asian/PI		African American		Hispanic		White	
	cases	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*
All ages										
Chlamydia	1,254	484.3	172	204.5	264	1,236.2	194	531.5	311	275.3
Gonorrhea	710	274.2	50	59.4	152	711.7	94	257.5	318	281.5
Early syphilis	129	49.8	6	7.1	13	60.9	25	68.5	74	65.5
Under 20 yrs										
Chlamydia	231	1,349.0	28	385.5	96	4,374.0	30	812.4	20	540.8
Gonorrhea	52	303.7	2	27.5	26	1,184.6	11	297.9	4	108.2
Early syphilis	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

Table 3. HIV testing among City Clinic patients and HIV resistance testing among select City and County testing facilities, April, 2007.

	2007		2006	
	month	*YTD*	*month*	*YTD*
Tests	413	1,369	223	978
Antibody positive	9	36	7	23
Acute HIV infection	1	3	0	3
Antiviral resistance (any)*	*0%*	*15%*	9%	23%

Complete information: www.sfcityclinic.org/providers/master_resistance.csv

Table 4. Methamphetamine-related visits to SFGH Emergency Departments, April, 2007. (Source: SAMHSA/OAS/DAWN)

	2007		2006	
	month	*YTD*	*month*	*YTD*
Male	37	164	56	179
Female	6	44	9	33

Note: All statistics are provisional until the annual report is released for the year. Morbidity is based on date of diagnosis. Totals for past months may change due to delays in reporting from labs and providers.

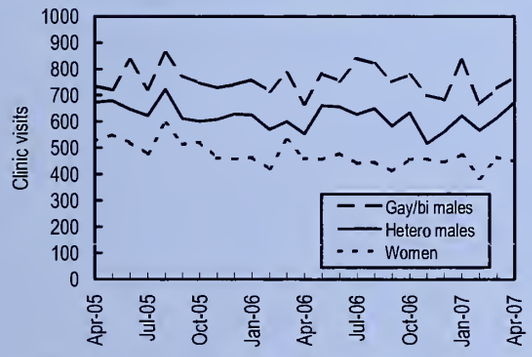

Figure 2. City Clinic visits by gender and sexual orientation.

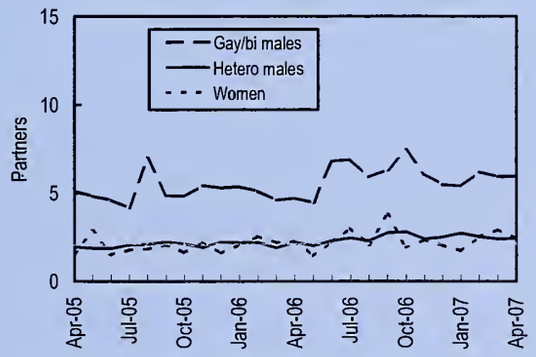

Figure 3. Average number of recent* sex partners for City Clinic visits by gender and sexual orientation.
**Recall period changed from 2 to 3 months in June 2006.*

Editorial Note: High prevalence of chlamydia and gonorrhea in men who have sex with men with newly diagnosed HIV

We examined the prevalence of gonorrhea (GC) and chlamydia (CT) at any anatomic site (rectal, pharyngeal or urethral) in men who have sex with men (MSM) tested for HIV at the San Francisco municipal STD Clinic (City Clinic) between 2004-2006.

Co-infection with GC occurred in 25.0% (53/212) of MSM with newly diagnosed HIV infection compared to 10.9% (725/6,647) of HIV-negative MSM ($p<0.01$) and co-infection with CT occurred in 18.4% (39/212) of MSM with newly diagnosed HIV infection versus 7.8% (515/6,647) of HIV-negative MSM ($p<0.01$). The median time to treatment for the 35.8% (19/53) GC-infected and 56.4% (22/39) CT-infected MSM with newly diagnosed HIV treated after their HIV test visit was 6 days (range: 2-81 days).

Because GC and CT are often asymptomatic, under current clinical protocols, nearly half of GC and CT infections in MSM with newly diagnosed HIV infection were not treated until after laboratory tests results become available. As a result of these findings, we have implemented presumptive treatment for GC and CT among MSM newly diagnosed with HIV infection. We recommend that other programs evaluate the prevalence of co-infection and consider providing presumptive treatment for GC and CT to MSM with newly diagnosed HIV infection.

KS/CKK

San Francisco Monthly STD Report

Data for May, 2007
Report prepared June 25, 2007

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able 1. STDs among San Francisco residents, lay, 2007.

	2007		2006	
	month	*YTD*	*month*	*YTD*
onorrhea	163	880	201	956
Male rectal gonorrhea	43	226	52	209
hlamydia	286	1,575	387	1,743
Male rectal chlamydia	34	231	40	204
GV	0	4	0	12
yphilis (adult total)	41	212	58	213
Primary & secondary	21	92	29	91
Early latent	11	70	18	72
Unknown latent	3	5	1	4
Late latent	6	45	10	46
eurosyphilis	0	2	0	4
ongenital syphilis	0	0	0	0
ID	7	14	3	18
dult male shigellosis	9	33	15	46

able 3. HIV testing among City Clinic patients and HIV esistance testing among select City and County testing acilities, May, 2007.

	2007		2006	
	month	*YTD*	*month*	*YTD*
ests	505	1,874	234	1,212
ntibody positive	11	47	9	32
cute HIV infection	4	7	2	5
ntiviral resistance (any)*	*7%*	*11%*	9%	17%

Complete information: www.sfcityclinic.org/providers/master_resistance.csv

able 4. Methamphetamine-related visits to FGH Emergency Departments, May, 2007. ource: SAMHSA/OAS/DAWN)

	2007		2006	
	month	*YTD*	*month*	*YTD*
Male	17	181	36	215
emale	11	55	12	45

Note: All statistics are provisional until the annual report is released for the year. Morbidity is based on date of diagnosis. Totals for past months may change due to delays in reporting from labs and providers.

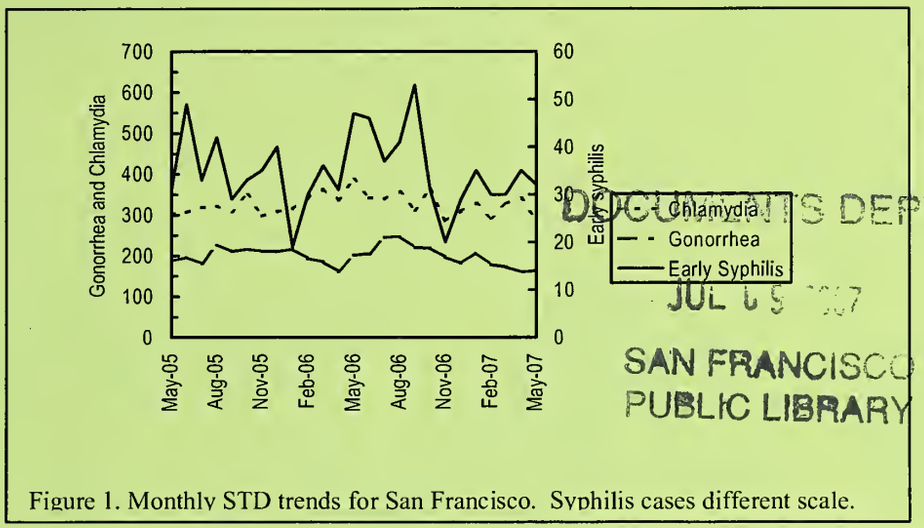

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Figure 1. Monthly STD trends for San Francisco. Syphilis cases different scale.

Table 2. Selected STD cases and rates for San Francisco by age and race/ethnicity, through May 2007 only. Rates equal cases per 100,000 residents per year based on 2000 US Census data.

	(All races)		Asian/PI		African American		Hispanic		White	
	cases	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*
All ages										
Chlamydia	1,575	486.7	216	205.4	348	1,303.6	236	517.2	379	268.4
Gonorrhea	880	271.9	59	56.1	188	704.2	124	271.8	399	282.6
Early syphilis	162	50.1	7	6.7	20	74.9	30	65.8	90	63.7
Under 20 yrs										
Chlamydia	307	1,434.2	32	352.4	133	4,847.9	42	909.8	25	540.8
Gonorrhea	63	294.3	3	33.0	34	1,239.3	11	238.3	5	108.2
Early syphilis	1	4.7	0	0.0	1	36.5	0	0.0	0	0.0

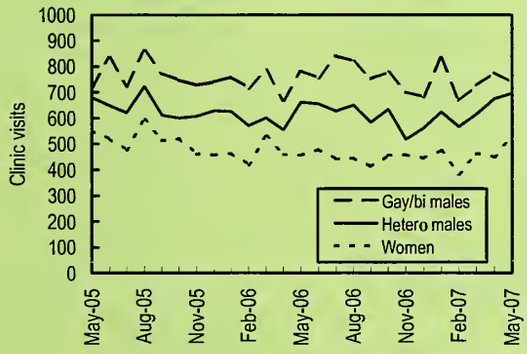

Figure 2. City Clinic visits by gender and sexual orientation.

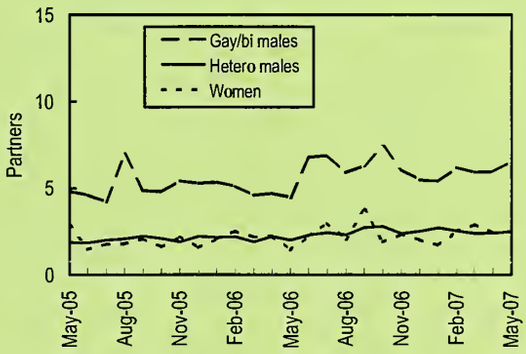

Figure 3. Average number of recent* sex partners for City Clinic visits by gender and sexual orientation.
**Recall period changed from 2 to 3 months in June 2006.*

ditorial Note: Low prevalence of chlamydia and gonorrhea in two San Francisco High Schools

To provide chlamydia and gonorrhea screening and treatment to adolescents presumed to be at high risk for STDs, we screened 11th and 2th graders at two high schools located in high morbidity neighborhoods. Each student received a brief presentation, STD information, and a sting kit. Students confidentially decided whether or not to test in a private bathroom stall.

Of the 858 students in attendance, 21 students (2%) refused to participate and 537 (63%) returned a urine specimen for testing. Students ho tested were predominately heterosexual (93%) and non-white (64% Asian/Pacific Islander; 14% black; 18% Hispanic). No students sted positive for gonorrhea; 7 (1.3%) tested positive for chlamydia. Positivity by sex was 2.2% (5/227) for females and 0.6% (2/310) for ales. Positivity by race/ethnicity was 5.4% (4/74) for blacks, 2.0% (2/98) for Hispanics, 0.3% (1/342) for Asian/Pacific Islanders, and 0% 0/4) for whites. All students testing positive were treated and provided with partner therapy.

School screening in San Francisco was feasible, but required substantial resources and detected a limited number of new infections. San rancisco is considering other methods to reach adolescents at high risk for STDs, including screening at non-traditional high schools.

PB/KS

San Francisco Monthly STD Report

Data for June, 2007
Report prepared July 23, 2007

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able 1. STDs among San Francisco residents, une, 2007.

	2007		2006	
	month	*YTD*	*month*	*YTD*
onorrhea	132	1,020	205	1,161
Male rectal gonorrhea	36	262	46	255
hlamydia	244	1,849	342	2,085
Male rectal chlamydia	47	277	41	245
GV	0	4	2	14
yphilis (adult total)	34	245	57	270
Primary & secondary	14	106	26	117
Early latent	10	79	20	92
Unknown latent	0	4	1	5
Late latent	10	56	10	56
eurosyphilis	1	6	2	6
ongenital syphilis	0	0	0	0
ID	3	17	2	20
dult male shigellosis	7	40	11	57

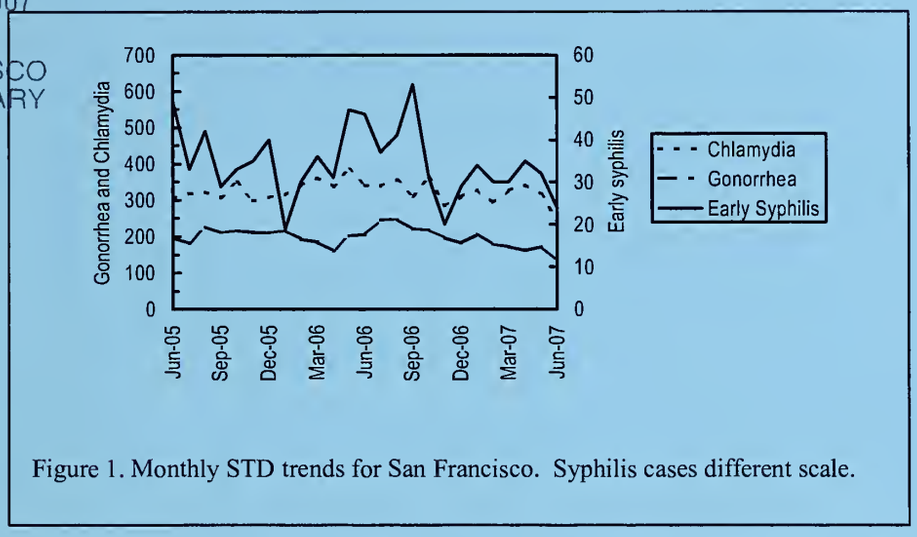

Figure 1. Monthly STD trends for San Francisco. Syphilis cases different scale.

Table 2. Selected STD cases and rates for San Francisco by age and race/ethnicity, through June 2007 only. Rates equal cases per 100,000 residents per year based on 2000 US Census data.

	(All races)		Asian/PI		African American		Hispanic		White	
	cases	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*
All ages										
Chlamydia	1,849	476.1	259	205.3	407	1,270.5	288	526.0	453	267.3
Gonorrhea	1,020	262.6	75	59.4	223	696.1	138	252.1	464	273.8
Early syphilis	185	47.6	11	8.7	21	65.6	32	58.5	109	64.3
Under 20 yrs										
Chlamydia	345	1,343.1	35	321.2	148	4,495.5	48	866.5	29	522.8
Gonorrhea	74	288.1	5	45.9	42	1,275.8	11	198.6	5	90.1
Early syphilis	1	3.9	0	0.0	1	30.4	0	0.0	0	0.0

able 3. HIV testing among City Clinic patients and HIV esistance testing among select City and County testing acilities, June, 2007.

	2007		2006	
	month	*YTD*	*month*	*YTD*
ests	543	2,421	286	1,498
ntibody positive	17	64	14	46
cute HIV infection	1	7	0	5
ntiviral resistance (any)*	21%	14%	4%	14%

Complete information: www.sfcityclinic.org/providers/master_resistance.csv

able 4. Methamphetamine-related visits to FGH Emergency Departments, June, 2007. Source: SAMHSA/OAS/DAWN)

	2007		2006	
	month	*YTD*	*month*	*YTD*
Male	32	213	30	245
Female	10	65	9	54

Note: All statistics are provisional until the annual report is released for the year. Morbidity is based on date of diagnosis. Totals for past months may change due to delays in reporting from labs and providers.

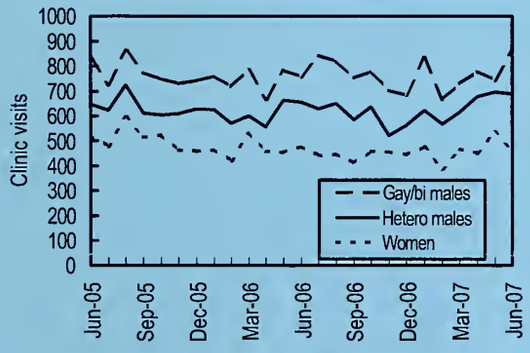

Figure 2. City Clinic visits by gender and sexual orientation.

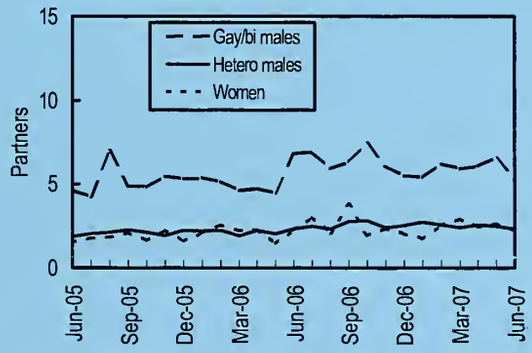

Figure 3. Average number of recent* sex partners for City Clinic visits by gender and sexual orientation.
**Recall period changed from 2 to 3 months in June 2006.*

ditorial Note: San Francisco Launches its new Syphilis Awareness Campaign – Dogs Are Talking

The San Francisco Department of Public Health – STD Prevention & Control Services launched its 2007 Syphilis Awareness Social Marketing Campaign – *DogsAreTalking*.com. With the creative talent of Promotion West and input from the community, this new rovocative campaign was designed to create awareness of Syphilis through the voice of man's best friend "the dog".

While the rates of syphilis for 2007 have remained steady, 95% of the early syphilis cases have consistently been among gay and isexual men; two thirds of the men are HIV positive; 60% are White and 20% are Latino men; and one third of the men diagnosed with yphilis report methamphetamine use.

The campaign will run July through December 2007 and will include weekly street/venue based outreach, distribution of posters and alm cards in the Castro, Tenderloin and South of Market areas along with Muni ads in the Castro area bus routes along with an on-going valuation. *Dogs Are Talking* will reinforce the take home messages of "get tested" to encourage behavior change and help maintain and xpand a community norm among gay and bisexual men of routine STD testing every 3–6 months. Free testing is available at City Clinic, MAGNET and stdtest.org. *JM*

San Francisco Monthly STD Report

Data for July, 2007
Report prepared September 5, 2007

able 1. STDs among San Francisco residents, July, 2007.

	2007		2006	
	month	*YTD*	*month*	*YTD*
onorrhea	146	1,194	245	1,406
Male rectal gonorrhea	29	294	64	319
hlamydia	318	2,261	339	2,424
Male rectal chlamydia	47	325	48	293
GV	0	4	0	14
yphilis (adult total)	39	281	44	314
Primary & secondary	11	116	25	142
Early latent	14	91	12	104
Unknown latent	0	4	0	5
Late latent	14	70	7	63
eurosyphilis	2	8	0	6
ongenital syphilis	0	0	0	0
D	0	17	1	21
dult male shigellosis	7	47	7	64

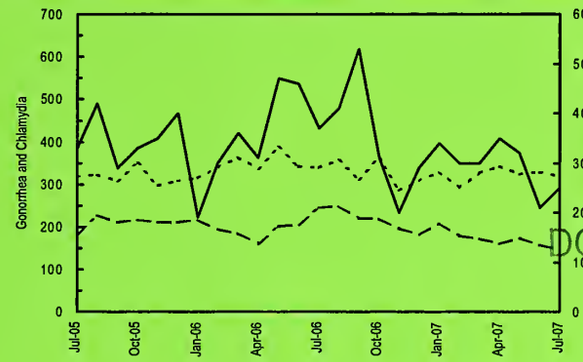

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Figure 1. Monthly STD trends for San Francisco. Syphilis cases different scale.

Table 2. Selected STD cases and rates for San Francisco by age and race/ethnicity, through July 2007 only. Rates equal cases per 100,000 residents per year based on 2000 US Census data.

	(All races)		Asian/PI		African American		Hispanic		White	
	cases	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*
All ages										
Chlamydia	2,261	499.0	313	212.6	506	1,353.9	347	543.2	546	276.2
Gonorrhea	1,194	263.5	87	59.1	267	714.4	154	241.1	538	272.1
Early syphilis	207	45.7	14	9.5	25	66.9	35	54.8	124	62.7
Under 20 yrs										
Chlamydia	419	1,398.2	40	314.7	181	4,712.5	62	959.3	34	525.4
Gonorrhea	88	293.7	5	39.3	50	1,301.8	12	185.7	8	123.6
Early syphilis	1	3.3	0	0.0	1	26.0	0	0.0	0	0.0

able 3. HIV testing among City Clinic patients and HIV sistance testing among select City and County testing cilities, July, 2007.

	2007		2006	
	month	*YTD*	*month*	*YTD*
ests	434	2,857	286	1,784
ntibody positive	7	72	10	56
cute HIV infection	2	11	0	5
ntiviral resistance (any)*	8%	12%	11%	13%

Complete information: www.sfcityclinic.org/providers/master_resistance.csv

able 4. Methamphetamine-related visits to FGH Emergency Departments, July, 2007. ource: SAMHSA/OAS/DAWN)

	2007		2006	
	month	*YTD*	*month*	*YTD*
Iale	30	243	37	282
emale	8	73	13	67

Note: All statistics are provisional until the annual report is released for the year. Morbidity is based on date of diagnosis. Totals for past months may change due to delays in reporting from labs and providers.

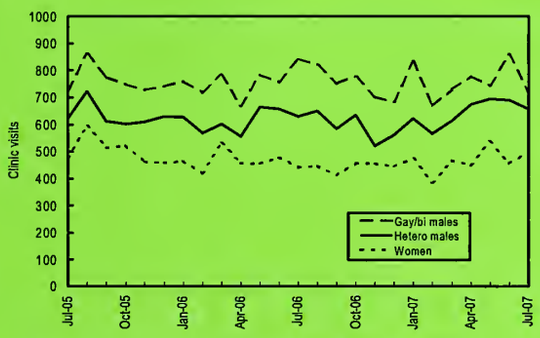

Figure 2. City Clinic visits by gender and sexual orientation.

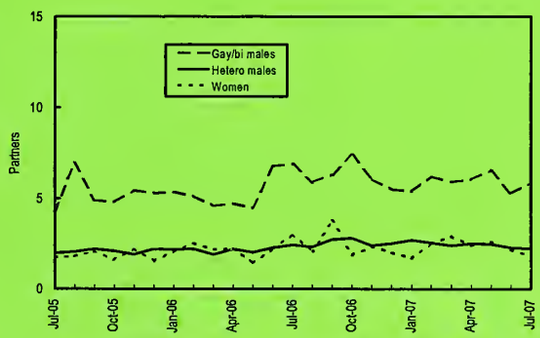

Figure 3. Average number of recent* sex partners for City Clinic visits by gender and sexual orientation.
**Recall period changed from 2 to 3 months in June 2006.*

ditorial Note: HIV infection in persons seeking medical care at the San Francisco General Hospital Emergency Department

In March 2007, we evaluated the prevalence of HIV infection in persons attending the San Francisco General Hospital Medical Center nergency Department (SFGH ED). During the one-month study period, 8% of patients seeking medical attention at the SFGH ED had known HIV fection and an additional 1% had HIV infection but did not know it. Those findings suggest that 1 of 9 (11%) persons with HIV infection attending e SFGH ED are unaware of their infection status. The majority of the patients with HIV infection that were unaware of their status were men from cial/ethnic minorities and/or other underserved populations, between the age of 20 and 50 years.

The Centers for Disease Control recommends that medical providers offer routine voluntary HIV testing to all patients in medical settings cluding all patients admitted to the hospital, and as part of urgent and emergency care. In San Francisco, offering routine testing to all men in edical settings (HIV prevalence among men in San Francisco is 4.5%) may be cost-effective and help reduce the number of persons with HIV fection who are unaware of their status. Pregnant women and those women with risk factors for HIV infection (other sexually transmitted diseases, jection drug use, sexual contact with HIV-infected partners or women with gay or bisexual male partners) should also routinely be offered luntary HIV testing. *JDK/NZ*

San Francisco Monthly STD Report

Data for August, 2007
Report prepared October 1, 2007

ble 1. STDs among San Francisco residents, August 2007.

	2007		2006	
	month	*YTD*	*month*	*YTD*
norrhea	190	1,384	248	1,654
Male rectal gonorrhea	45	339	70	389
lamydia	311	2,573	357	2,781
Male rectal chlamydia	52	377	61	354
V	0	4	1	15
philis (adult total)	24	303	50	364
Primary & secondary	7	122	22	164
Early latent	9	99	19	123
Unknown latent	0	4	0	5
Late latent	8	78	9	72
urosyphilis	0	8	1	7
ngenital syphilis	0	0	0	0
D	0	17	2	23
dult male shigellosis	9	56	17	81

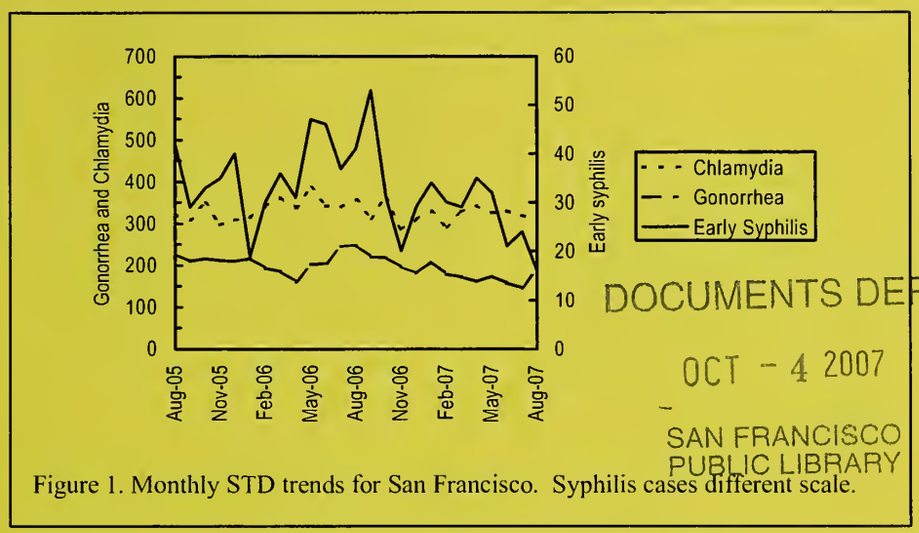

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Figure 1. Monthly STD trends for San Francisco. Syphilis cases different scale.

ble 3. HIV testing among City Clinic patients and HIV sistance testing among select City and County testing cilities, August, 2007.

	2007		2006	
	month	*YTD*	*month*	*YTD*
sts	534	3,392	253	2,037
ntibody positive	8	80	11	67
cute HIV infection	1	12	0	5
ntiviral resistance (any)*	8%	12%	11%	13%

omplete information: www.sfcityclinic.org/providers/master_resistance.csv

ble 4. Methamphetamine-related visits to FGH Emergency Departments, August, 2007. ource: SAMHSA/OAS/DAWN)

	2007		2006	
	month	*YTD*	*month*	*YTD*
ale	41	284	44	326
male	5	78	5	72

Note: All statistics are provisional until the annual report is released for the year. Morbidity is based on date of diagnosis. Totals for past months may change due to delays in reporting from labs and providers.

Table 2. Selected STD cases and rates for San Francisco by age and race/ethnicity, through August 2007 only. Rates equal cases per 100,000 residents per year based on 2000 US Census data.

	(All races)		Asian/PI		African American		Hispanic		White	
	cases	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*
All ages										
Chlamydia	2,573	496.9	350	208.0	570	1,334.5	389	532.9	646	285.9
Gonorrhea	1,384	267.3	99	58.8	305	714.1	180	246.6	630	278.8
Early syphilis	221	42.7	16	9.5	26	60.9	38	52.1	133	58.9
Under 20 yrs										
Chlamydia	466	1,360.7	42	289.1	208	4,738.5	68	920.7	35	473.2
Gonorrhea	100	292.0	5	34.4	58	1,321.3	12	162.5	9	121.7
Early syphilis	1	2.9	0	0.0	1	22.8	0	0.0	0	0.0

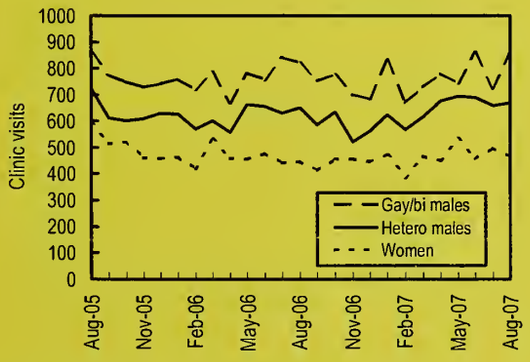

Figure 2. City Clinic visits by gender and sexual orientation.

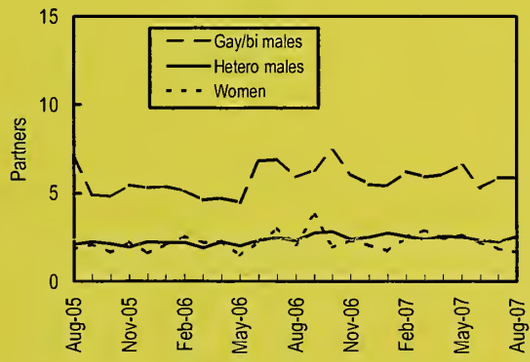

Figure 3. Average number of recent* sex partners for City Clinic visits by gender and sexual orientation.
**Recall period changed from 2 to 3 months in June 2006.*

litorial Note: *STD Prevention & Control Services addresses racial disparities in STDs among youth and young adults*

Reducing racial disparities in STDs among adolescents (aged 15-20 years old) in San Francisco has been a primary goal of the FDPH. The rates of reported chlamydia and gonorrhea among black adolescents are 10 times that of white adolescents.

The SFDPH has developed several initiatives to address racial disparities in STDs among adolescents: 1) increasing gonorrhea d chlamydia screening, partner treatment and re-screening among young sexually active African Americans aged 15-24; 2) provision free medication through clinicians that have a high prevalence of STDs in their practice; 3) development and implementation of xINFO text messaging service, where teens text "SEXINFO" to 61827 to get sexual health information and referrals sent to their cell ones; 4) regular meetings of the DPH-Community-UCSF Adolescent Partners Group; and 5) enhanced STD/HIV prevention ucation via the Youth United Through Health Education (YUTHE) program and the new junior YUTHE team of 12-16 year olds.

For more information or to learn how to get involved and help reduce these disparities, please contact Jacque McCright at 415-5-2015 or at Jacque.McCright@sfdph.org. *KB/JM*

San Francisco Monthly STD Report

Data for September, 2007
Report prepared October 22, 2007

7

ble 1. STDs among San Francisco residents, September 2007.

	2007		2006	
	month	*YTD*	*month*	*YTD*
)norrhea	143	1,528	220	1,874
Male rectal gonorrhea	31	369	43	432
ılamydia	292	2,880	312	3,093
Male rectal chlamydia	46	423	34	388
GV	0	4	2	17
philis (adult total)	37	341	61	425
Primary & secondary	17	139	35	199
Early latent	12	113	18	141
Unknown latent	0	4	1	6
Late latent	8	85	7	79
urosyphilis	0	8	1	8
)ngenital syphilis	0	0	0	0
D	3	20	1	24
lult male shigellosis	7	63	5	86

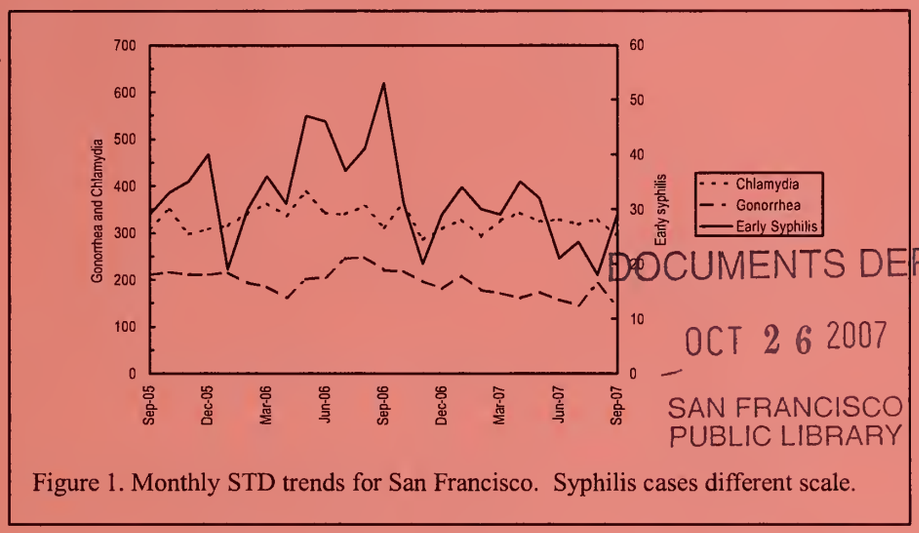

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Figure 1. Monthly STD trends for San Francisco. Syphilis cases different scale.

ıble 3. HIV testing among City Clinic patients and HIV sistance testing among select City and County testing cilities, September, 2007.

	2007		2006	
	month	*YTD*	*month*	*YTD*
sts	498	3,890	269	2,306
ıtibody positive	11	91	9	76
cute HIV infection	0	13	0	5
ıtiviral resistance (any)*	8%	12%	11%	13%

omplete information: www.sfcityclinic.org/providers/master_resistance.csv

ıble 4. Methamphetamine-related visits to GH Emergency Departments, September, 07. (Source: SAMHSA/OAS/DAWN)

	2007		2006	
	month	*YTD*	*month*	*YTD*
ale	38	322	47	373
male	8	86	8	80

Note: All statistics are provisional until the annual report is released for the year. Morbidity is based on date of diagnosis. Totals for past months may change due to delays in reporting from labs and providers.

Table 2. Selected STD cases and rates for San Francisco by age and race/ethnicity, through September 2007 only. Rates equal cases per 100,000 residents per year based on 2000 US Census data.

	(All races)		Asian/PI		African American		Hispanic		White	
	cases	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*
All ages										
Chlamydia	2,880	494.4	386	203.9	634	1,319.4	420	511.4	749	294.7
Gonorrhea	1,528	262.3	106	56.0	329	684.7	206	250.8	706	277.8
Early syphilis	252	43.3	17	9.0	29	60.4	41	49.9	154	60.6
Under 20 yrs										
Chlamydia	531	1,378.2	46	281.5	235	4,758.8	73	878.5	42	504.8
Gonorrhea	104	269.9	6	36.7	58	1,174.5	12	144.4	11	132.2
Early syphilis	1	2.6	0	0.0	1	20.3	0	0.0	0	0.0

Figure 2. City Clinic visits by gender and sexual orientation.

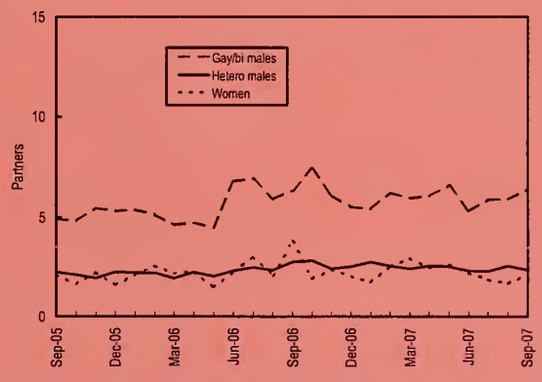

Figure 3. Average number of recent* sex partners for City Clinic visits by gender and sexual orientation.
**Recall period changed from 2 to 3 months in June 2006.*

litorial Note: *New report estimates the burden and cost of STDs among young adults in California*

Along with being the most commonly reported conditions in the United States, Sexually Transmitted Diseases (STDs) also contribute significant alth care costs. A 2004 study found that U.S. persons aged 15-24 years acquire over 9 million new STDs annually (Weinstock et al, 2004). A new dy by the Public Health Institute (PHI) estimated the burden of STDs in California in 2005. Using data reported to the State Department of Health rvices and several other data sources, the PHI report estimated that 1.1 million new cases of STDs were acquired among persons age 15-24 years in 05, for an estimated annual cost of $1.1 billion. HIV accounted for the largest proportion of the medical costs ($560 million) followed by HPV 460 million) and genital herpes ($38 million).

These data stress the importance of primary prevention for STDs and HIV infection. Furthermore, since non-curable STDs accounted for the gest proportion of new infections, prevention measures such as suppressive therapy for genital herpes and antiretroviral therapy for HIV infection ıy significantly reduce further transmission. The recently licensed HPV vaccine may also dramatically reduce new infections among those ccinated. For more information regarding screening for STDs and treatment recommendations visit our website tp://www.dph.sf.ca.us/sfcityclinic/providers/). A copy of the PHI report can be obtained from their website (http://teenbirths.phi.org/). *KB*

San Francisco Monthly STD Report

Data for October, 2007
Report prepared November 16, 2007

SF
P70
#87
10/07

able 1. STDs among San Francisco residents, October 2007.

	2007		2006	
	month	*YTD*	*month*	*YTD*
onorrhea	160	1,698	218	2,092
Male rectal gonorrhea	40	409	48	480
hlamydia	330	3,248	363	3,456
Male rectal chlamydia	60	482	43	431
GV	0	4	0	17
yphilis (adult total)	49	392	39	464
Primary & secondary	30	169	15	214
Early latent	12	123	16	157
Unknown latent	1	5	1	7
Late latent	6	95	7	86
eurosyphilis	0	8	0	8
ongenital syphilis	0	0	0	0
D	4	23	1	25
dult male shigellosis	7	70	7	93

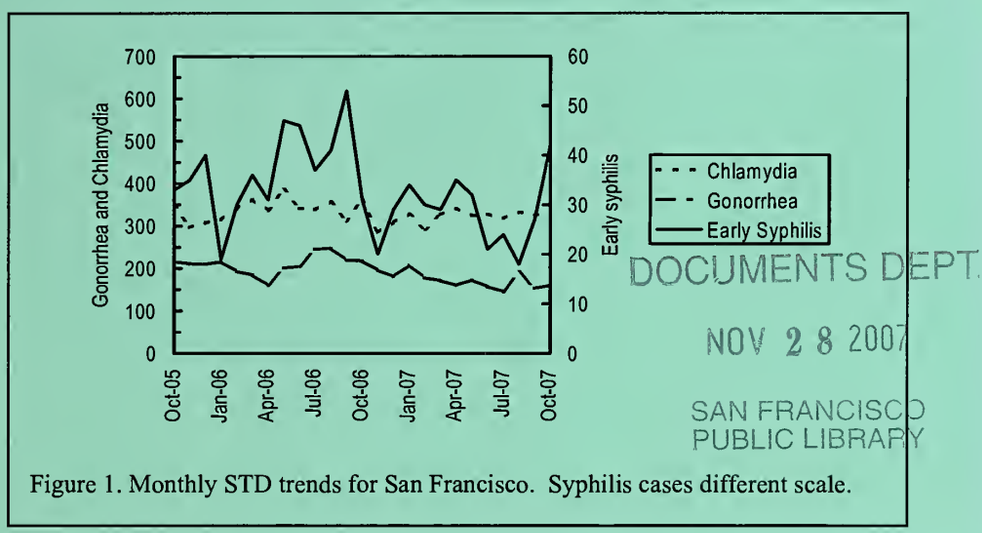

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Figure 1. Monthly STD trends for San Francisco. Syphilis cases different scale.

able 3. HIV testing among City Clinic patients and HIV sistance testing among select City and County testing cilities, October, 2007.

	2007		2006	
	month	*YTD*	*month*	*YTD*
sts	504	4,394	283	2,589
ntibody positive	12	103	6	82
cute HIV infection	2	15	3	8

Table 2. Selected STD cases and rates for San Francisco by age and race/ethnicity, through October 2007 only. Rates equal cases per 100,000 residents per year based on 2000 US Census data.

	(All races)		Asian/PI		African American		Hispanic		White	
	cases	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*
All ages										
Chlamydia	3,248	501.8	424	201.6	730	1,367.3	478	523.8	856	303.1
Gonorrhea	1,698	262.3	116	55.2	362	678.0	222	243.3	795	281.5
Early syphilis	292	45.1	18	8.6	33	61.8	45	49.3	183	64.8
Under 20 yrs										
Chlamydia	594	1,387.5	53	291.9	266	4,847.9	82	888.2	48	519.2
Gonorrhea	106	247.6	6	33.0	59	1,075.3	13	140.8	11	119.0
Early syphilis	2	4.7	0	0.0	2	36.5	0	0.0	0	0.0

ble 4. Methamphetamine-related visits to GH Emergency Departments, October, 2007. ource: SAMHSA/OAS/DAWN)

	2007		2006	
	month	*YTD*	*month*	*YTD*
ale	22	345	33	406
male	8	94	12	92

Note: All statistics are provisional until the annual report is released for the year. Morbidity is based on date of diagnosis. Totals for past months may change due to delays in reporting from labs and providers.

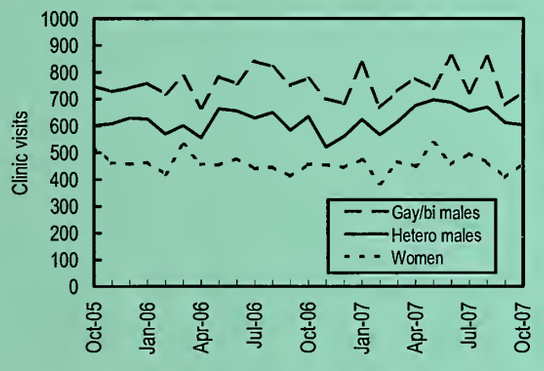

Figure 2. City Clinic visits by gender and sexual orientation.

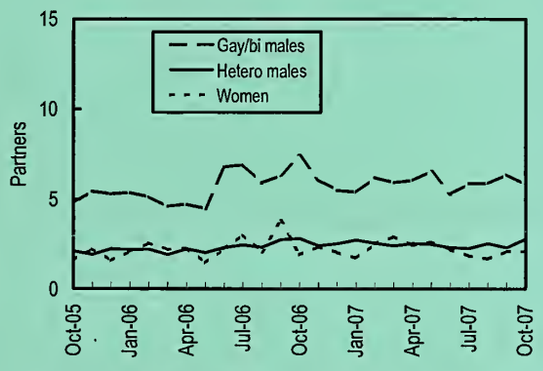

Figure 3. Average number of recent* sex partners for City Clinic visits by gender and sexual orientation.
**Recall period changed from 2 to 3 months in June 2006.*

itorial Note: *Dramatic declines in early syphilis in San Francisco continue*

The annual number of new cases of syphilis peaked in San Francisco at 551 cases in 2004. With a comprehensive community and olic health response to that increase, cases declined steadily in 2005 and 2006. From January through October 2007, 292 cases of ly syphilis were reported to the San Francisco Department of Public Health, a 21% decline from the same period in 2006. Among early syphilis cases reported thus far in 2007, 97% were male, 88% were men who have sex with men (MSM), 64% white, 15% spanic, and 11% Black; 26% reported methamphetamine use and 63% of those with known HIV status were HIV-infected.

SFDPH recommends all sexually active MSM get screened for syphilis at least annually, and MSM with multiple partners get ted for syphilis every 3-6 months. Because syphilis can increase HIV viral load and decrease CD4 T cell counts, sexually active V-infected MSM should get a syphilis test with every routine blood draw. Free syphilis testing is available at www.STDTest.org. r more information about syphilis, visit the San Francisco City Clinic website at www.sfcityclinic.org/providers. *KB*

San Francisco Monthly STD Report

Data for November, 2007
Report prepared December 19, 2007

SF
P70
.57
11/07

ble 1. STDs among residents, November 2007.

	2007		2006	
	month	*YTD*	*month*	*YTD*
norrhea	138	1,849	196	2,288
Male rectal gonorrhea	41	450	34	514
lamydia	303	3,613	285	3,741
Male rectal chlamydia	51	537	37	468
V	0	4	1	18
philis (adult total)	34	425	34	498
rimary & secondary	12	181	11	225
arly latent	17	138	9	166
Unknown latent	0	5	2	9
ate latent	5	101	12	98
urosyphilis	0	8	0	8
ngenital syphilis	0	0	0	0
	5	28	2	27
ult male shigellosis	3	73	7	98

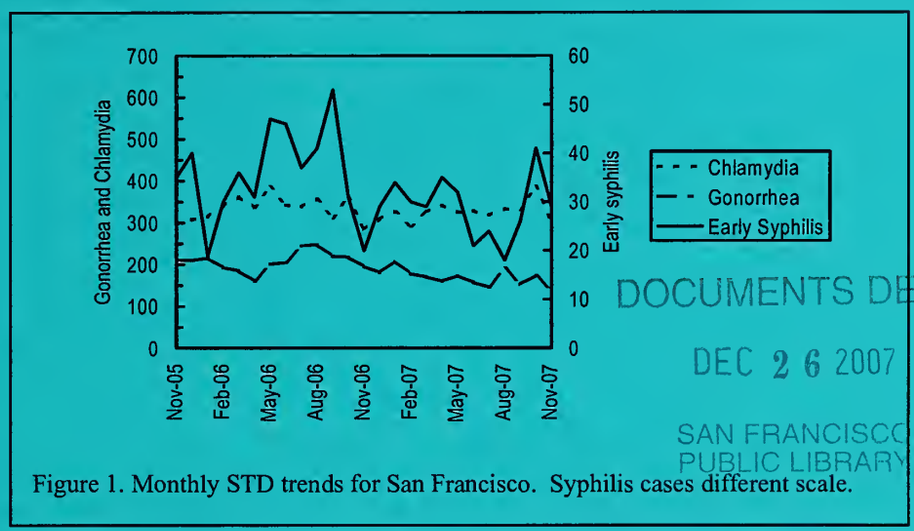

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Figure 1. Monthly STD trends for San Francisco. Syphilis cases different scale.

ble 3. HIV testing among City Clinic patients and HIV istance testing among select City and County testing ilities, November, 2007.

	2007		2006	
	month	*YTD*	*month*	*YTD*
sts	446	4,840	231	2,820
tibody positive	7	111	11	93
ute HIV infection	0	15	1	9

Table 2. Selected STD cases and rates for San Francisco by age and race/ethnicity, through November 2007 only. Rates equal cases per 100,000 residents per year based on 2000 US Census data.

	(All races)		Asian/PI		African American		Hispanic		White	
	cases	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*
All ages										
Chlamydia	3,613	507.4	481	207.9	815	1,387.7	528	526.0	947	304.8
Gonorrhea	1,849	259.7	123	53.2	392	667.5	247	246.1	868	279.4
Early syphilis	319	44.8	20	8.7	34	57.9	50	49.8	198	63.7
Under 20 yrs										
Chlamydia	661	1,403.7	63	315.4	295	4,887.7	95	935.4	51	501.5
Gonorrhea	118	250.6	6	30.0	63	1,043.8	16	157.6	13	127.8
Early syphilis	2	4.3	0	0.0	2	33.1	0	0.0	0	0.0

ble 4. Methamphetamine-related visits to GH Emergency Departments, October, 2007.
urce: SAMHSA/OAS/DAWN)

	2007		2006	
	month	*YTD*	*month*	*YTD*
ale	22	345	33	406
male	8	94	12	92

Note: All statistics are provisional until the nnual report is released for the year. Mor- idity is based on date of diagnosis. Totals or past months may change due to delays in eporting from labs and providers.

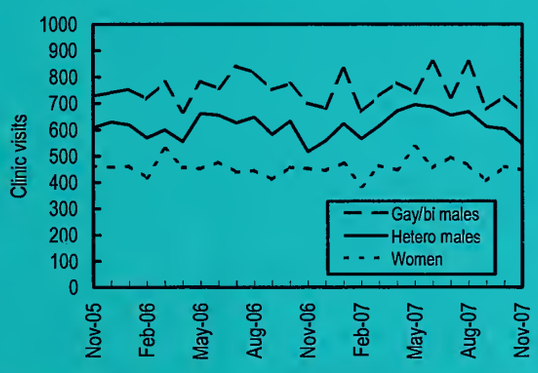

Figure 2. City Clinic visits by gender and orientation.

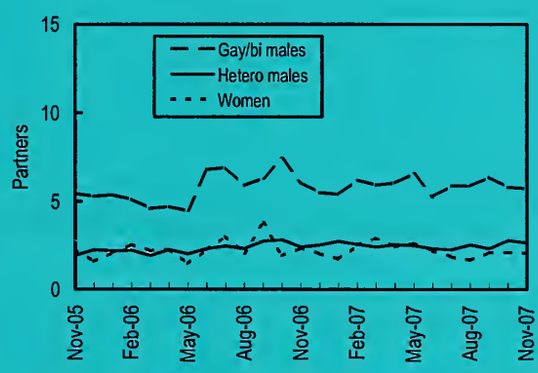

Figure 3. Average number of recent* sex partners for City Clinic visits by gender and sexual orientation.
**Recall period changed from 2 to 3 months in June 2006.*

itorial Note: STD screening in a continuation high school in San Francisco

In December 2007, we offered chlamydia and gonorrhea screening to the entire student body of one of the two continuation high schools adolescents who are at high risk for STDs. The total enrollment for both continuation schools is approximately 530. Students enrolled at ntinuation schools are at high risk for educational failure and often reside in neighborhoods with high STD morbidity. Each student re- ved a brief STD presentation and a testing kit. Students confidentially decided whether or not to test in a private bathroom stall.

Of the 256 students enrolled, 8% refused to participate and 42% were truant during the three-day screening period; 116 (78%) of students sent on the screening days returned a urine specimen for testing. Students who tested were predominately non-white: 41% black, 34% spanic, 16% Asian/Pacific Islander. No students tested positive for gonorrhea; 4 (3.4%) tested positive for chlamydia. These 4 positive ts were among female students. All students testing positive were treated and provided with partner therapy. STD screening in an alterna- e high school was feasible, although may be limited due to high truancy rates. Repeated screening in such venues due to high truancy may necessary. San Francisco is exploring additional ways to improve access to STD testing for high-risk adolescents. JM/KB

San Francisco Monthly STD Report

Data for December, 2007
Report prepared January 24, 2008

...STD... residents, December 2007.

	2007		2006	
	month	*YTD*	*month*	*YTD*
...rrhea	148	1,999	181	2,469
...ital gonorrhea	40	491	43	557
...mydia	279	3,903	309	4,050
...ital chlamydia	53	591	44	512
...V	0	4	0	18
...lis (adult total)	43	471	36	534
...ary & secondary	19	202	18	243
...ent	18	153	11	177
...known latent	0	5	0	9
...ent	6	111	7	105
...neurosyphilis	0	10	1	9
...ital syphilis	0	1	0	0
...	0	28	2	29
...ondylomata	5	78	1	99

...3. HIV testing among City Clinic patients and HIV ...testing among select City and County testing ...December, 2007

	2007		2006	
	month	*YTD*	*month*	*YTD*
...	442	5,283	277	3,097
...body positive	4	115	9	102
...HIV infection	0	15	0	9

...4. Methamphetamine-related visits to ...H Emergency Departments December, ...(SAMHSA/OAS/DAWN)

	2007		2006	
	month	*YTD*	*month*	*YTD*
...	22	402	44	488
...	3	111	14	113

...Numbers are provisional until the ...report is released for the year. Mor... is based on date of diagnosis. Totals ...can sometimes change due to delays in ...receiving data from clinical providers.

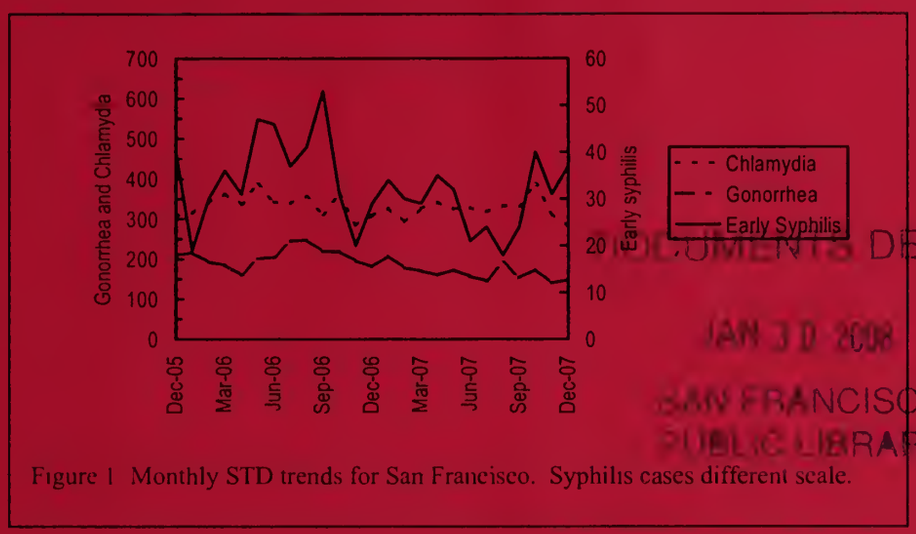

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Figure 1 Monthly STD trends for San Francisco. Syphilis cases different scale.

Table 2. Selected STD cases and rates for San Francisco by age and race/ethnicity, 2007 through December. Rates equal cases per 100,000 residents per year based on 2000 US Census data.

	(All races)		Asian/PI		African American		Hispanic		White	
	cases	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*
All ages										
Chlamydia	3,903	502.5	526	208.4	884	1,379.7	571	521.4	1,019	300.7
Gonorrhea	1,999	257.4	134	53.1	417	650.9	275	251.1	942	278.0
Early syphilis	355	45.7	24	9.5	35	54.6	54	49.3	225	66.4
Under 20 yrs										
Chlamydia	713	1,387.9	69	316.6	325	4,936.0	103	929.7	52	468.7
Gonorrhea	127	247.2	6	27.5	69	1,048.0	18	162.5	13	117.2
Early syphilis	3	5.8	0	0.0	2	30.4	0	0.0	1	9.0

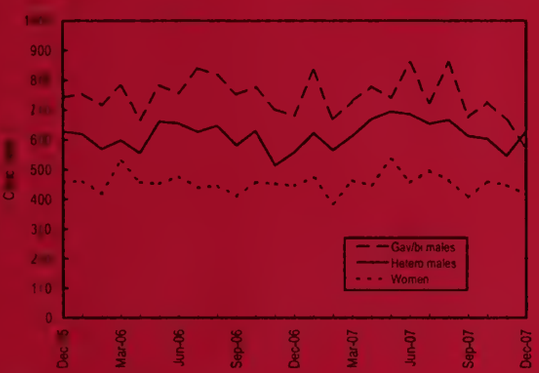

Figure 2 City Clinic visits by gender and orientation.

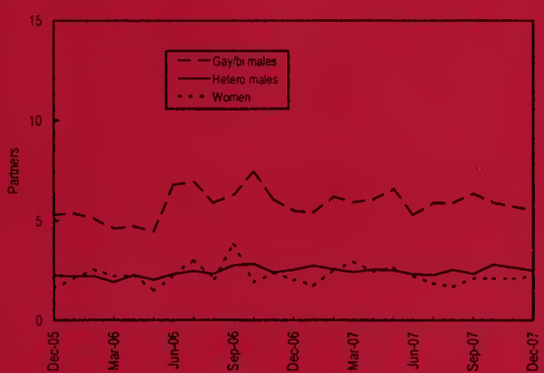

Figure 3. Average number of recent* sex partners for City Clinic visits by gender and sexual orientation.
**Recall period changed from 2 to 3 months in June 2006.*

***...ional Note: Continued increases in the proportion of syphilis patients with azithromycin-resistant* Treponema pallidum**

...All early syphilis cases in San Francisco increased from 44 in 1999 to a peak of 527 in 2003, azithromycin became a promising treatment alterna... to penicillin G benzathine, the early syphilis treatment recommended by CDC. In 2002, however, treatment failures in azithromycin-treated ...ilis patients were noted. We identified a genetic mutation in *Treponema pallidum* that confers that resistance. In San Francisco, 4% of speci... collected in 2000–2002 were azithromycin resistant, rising to 41% in 2003 and 56% in 2004. Based on those data, San Francisco stopped using ...romycin to treat syphilis in 2004 and nongonococcal urethritis (NGU) in gay men in 2005. We continue to track azithromycin resistance in *T. ...* case in San Francisco.

...Despite our decreased azithromycin use, 76.5% and 77.3% of *T. pallidum* specimens were azithromycin resistant in 2005 and 2006, respectively; ...genetic risk factors were associated with resistant *T. pallidum* infections. We are continuing to actively follow up all syphilis cases in San Fran... residents to make sure that patients receive appropriate treatment. We are also now collaborating with CDC in a nationwide study of antibiotic ...ance in *T. pallidum*. Continued surveillance for antibiotic resistance in *T. pallidum* and development of new antibiotics to treat syphilis remain ...l to syphilis control and prevention efforts in San Francisco and beyond. *KK/KB*

San Francisco Monthly STD Report

Data for January, 2008
Report prepared February 21, 2008

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blc 1. STDs among residents, January 2008.

	2008		2007	
	month	*YTD*	*month*	*YTD*
norrhea	195	195	208	208
Male rectal gonorrhea	49	49	62	62
lamydia	311	311	327	327
Male rectal chlamydia	51	51	51	51
philis (adult total)	40	40	40	40
Primary & secondary	24	24	14	14
Early latent	13	13	20	20
Unknown latent	0	0	0	0
Late latent	3	3	6	6
urosyphilis	0	0	2	2
ngenital syphilis	0	0	0	0
D	4	4	1	1
ult male shigellosis	7	7	7	7

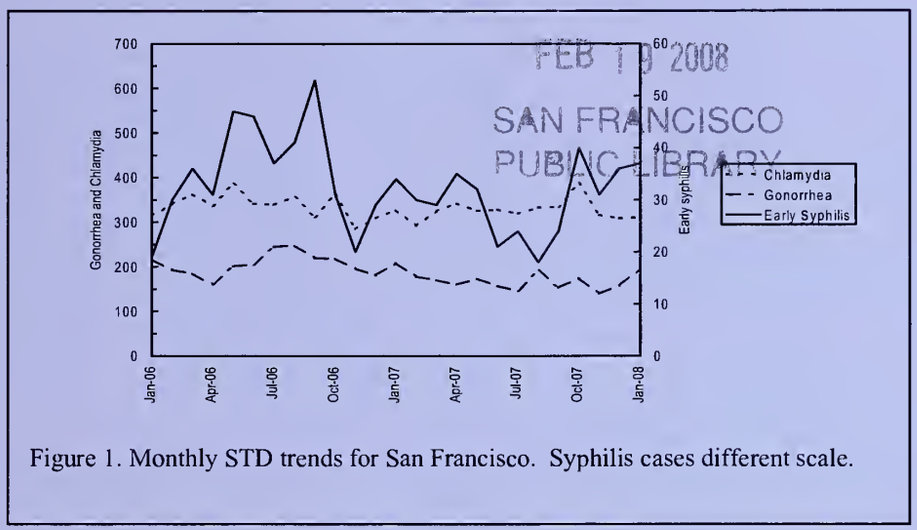

Figure 1. Monthly STD trends for San Francisco. Syphilis cases different scale.

ble 3. HIV testing among City Clinic patients and HIV sistance testing among select City and County testing cilities, January, 2008.

	2008		2007	
	month	*YTD*	*month*	*YTD*
sts	487	487	322	322
ntibody positive	8	8	11	11
cute HIV infection	2	2	2	2

ble 4. Methamphetamine-related visits to GH Emergency Departments, January, 2008.
ource: SAMHSA/OAS/DAWN)

	2008		2007	
	month	*YTD*	*month*	*YTD*
ale	29	29	47	47
male	12	12	13	13

Note: All statistics are provisional until the annual report is released for the year. Morbidity is based on date of diagnosis. Totals for past months may change due to delays in reporting from labs and providers.

Table 2. Selected STD cases and rates for San Francisco by age and race/ethnicity, January 2008 only. Rates equal cases per 100,000 residents per year based on 2000 US Census data.

	(All races)		Asian/PI		African American		Hispanic		White	
	cases	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*
All ages										
Chlamydia	311	480.5	36	171.2	56	1,048.9	46	504.1	92	325.8
Gonorrhea	195	301.3	20	95.1	38	711.7	24	263.0	80	283.3
Early syphilis	37	57.2	0	0.0	4	74.9	7	76.7	20	70.8
Under 20 yrs										
Chlamydia	34	794.2	5	275.3	14	2,551.5	5	541.6	3	324.5
Gonorrhea	16	373.7	1	55.1	14	2,551.5	1	108.3	0	0.0
Early syphilis	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

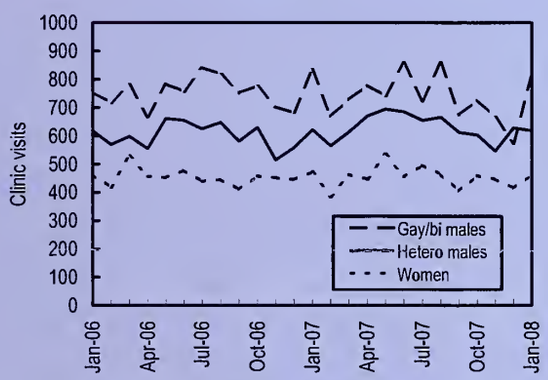

Figure 2. City Clinic visits by gender and orientation.

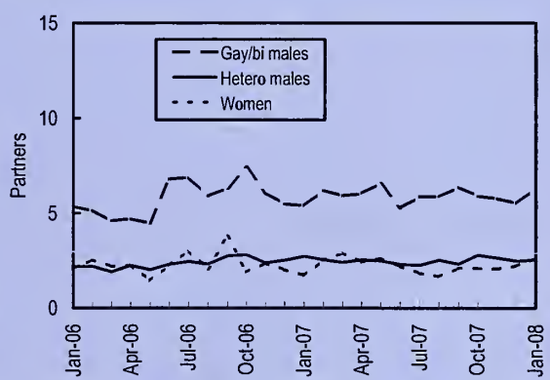

Figure 3. Average number of recent* sex partners for City Clinic visits by gender and sexual orientation.
**Recall period changed from 2 to 3 months in June 2006.*

itorial Note: 2007 Preliminary Data Shows Declines in Reportable STDs in San Francisco

In 2007, declines were noted for all reportable STDs in San Francisco. Reported gonorrhea declined 19% from 2006 to 2007 from 2469 cases to 08. Rectal gonorrhea among men also declined from 557 cases to 489- a 12% decline. Declines in syphilis were also found. Primary and secondary syphilis declined 17% in 2007 from 243 cases to 202; all early syphilis also declined by 16% in 2007. Chlamydial infections also declined, but ese declines were much more modest. Overall reported Chlamydia declined from 4050 to 3937 (3%) while rectal chlamydia increased in 2007 om 512 to 592 cases for a 16% annual increase. We are exploring why rectal Chlamydia increased in 2007 and rectal gonorrhea declined.

For reported gonorrhea cases, all racial/ethnic groups had declines from 2006 to 2007; African-Americans saw a 22% decline, Hispanics 19%, ian/Pacific Islanders 22%, and Whites 18%. For Chlamydia, there was a 9% increase among Asian/Pacifdic Islanders , all other racial/ethnic oups had declines; African American 12%, Hispanic 10% and Whites 1%. More comprehensive data will be available with the publication of the 07 Annual Summary. The 2006 Annual Summary can be found at http://www.sfdph.org/dph/files/reports/default.asp - annlSTD. *KB*

San Francisco Monthly STD Report

Data for February, 2008
Report prepared March 20, 2008

able 1. STDs among residents, February 2008.

	2008		2007	
	month	*YTD*	*month*	*YTD*
onorrhea	154	358	177	386
Male rectal gonorrhea	43	92	46	108
hlamydia	299	657	292	619
Male rectal chlamydia	51	103	47	98
yphilis (adult total)	54	100	39	79
Primary & secondary	25	49	14	28
Early latent	20	37	16	36
Unknown latent	0	0	0	0
Late latent	9	14	9	15
eurosyphilis	0	0	0	2
ongenital syphilis	0	0	0	0
D	7	11	1	2
dult male shigellosis	3	10	2	9

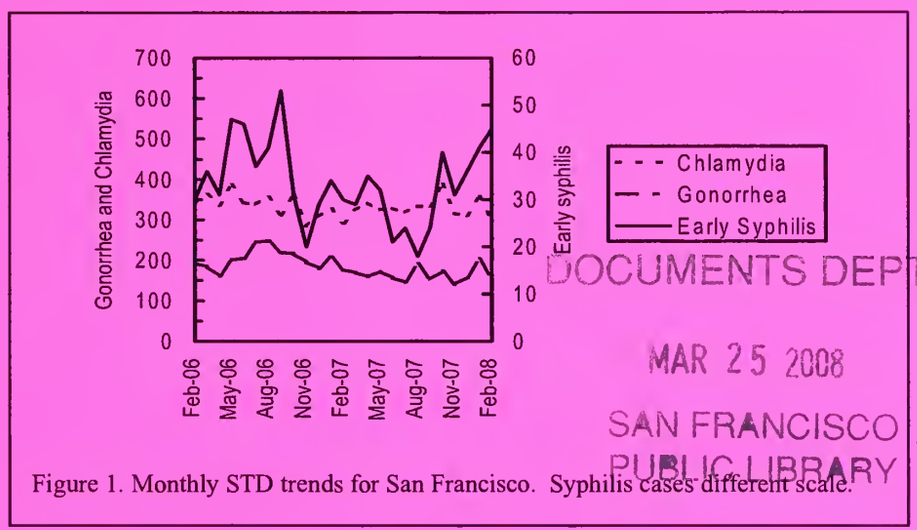

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Figure 1. Monthly STD trends for San Francisco. Syphilis cases different scale.

Table 2. Selected STD cases and rates for San Francisco by age and race/ethnicity, through February 2008 only. Rates equal cases per 100,000 residents per year based on 2000 US Census data.

	(All races)		Asian/PI		African American		Hispanic		White	
	cases	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*
All ages										
Chlamydia	657	507.5	81	192.6	145	1,357.9	100	547.9	185	327.5
Gonorrhea	358	276.5	23	54.7	71	664.9	51	279.4	164	290.3
Early syphilis	86	66.4	2	4.8	8	74.9	17	93.2	48	85.0
Under 20 yrs										
Chlamydia	107	1,249.7	12	330.4	58	5,285.3	17	920.7	5	270.4
Gonorrhea	29	338.7	1	27.5	18	1,640.3	8	433.3	0	0.0
Early syphilis	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

able 3. HIV testing among City Clinic patients and HIV sistance testing among select City and County testing cilities, February, 2008.

	2008		2007	
	month	*YTD*	*month*	*YTD*
ests	499	986	291	613
ntibody positive	10	18	4	15
cute HIV infection	2	4	1	3

able 4. Methamphetamine-related visits to FGH Emergency Departments, February, 2008.
ource: SAMHSA/OAS/DAWN)

	2008		2007	
	month	*YTD*	*month*	*YTD*
lale	25	54	43	90
emale	7	19	8	21

Note: All statistics are provisional until the annual report is released for the year. Morbidity is based on date of diagnosis. Totals for past months may change due to delays in reporting from labs and providers.

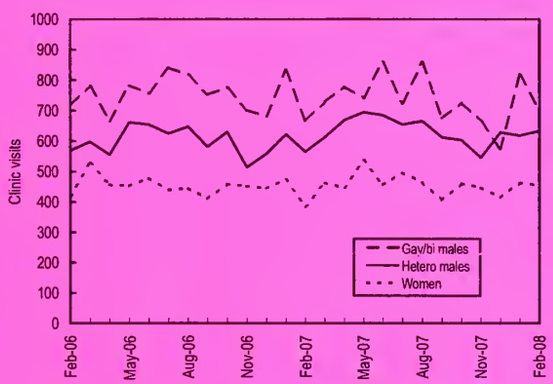

Figure 2. City Clinic visits by gender and orientation.

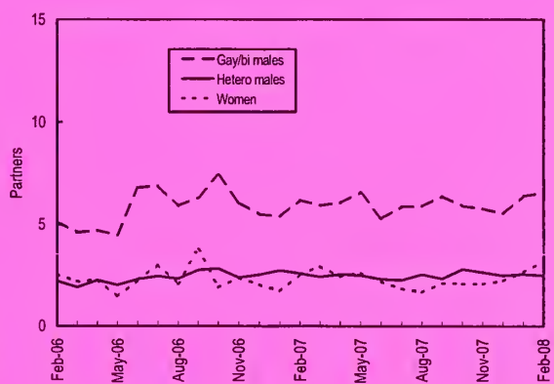

Figure 3. Average number of recent* sex partners for City Clinic visits by gender and sexual orientation.
**Recall period changed from 2 to 3 months in June 2006.*

ditorial Note: DPH responds to the needs of friends and families of Meth users

Crystal methamphetamine (Crystal meth) use has been associated with increased risk of HIV and other STDs. In San Francisco, nearly a quarter of ewly diagnosed syphilis cases reported using crystal in the three months before diagnosis. Crystal meth use not only affects the user but his/her family and ends. In order to address the larger community impact of crystal meth use in San Francisco, STD Prevention & Control Section and New Leaf: Services for ur Community are launching a pilot project that provides a resource for the friends, partners and family members of meth users through the "Buddies" program. The "Buddies" program will offer a monthly workshop to share information about the mental, emotional and physical affects of meth, to exchange ping skills, and ways to reduce the stress and harm for those dealing with the day-to-day consequences of crystal meth. New Leaf will also offer an ongog group for workshop participants who want to come together and support each other.

If you are interested in finding out more or participating in one of the workshops contact Buzz Bense at gaymenshealth-sf@earthlink.net or call New eaf at 415.626.7000, ext. 201. You can also visit www.drawtheline.org/buddies.

San Francisco Monthly STD Report

Data for April, 2008
Report prepared May 23, 2008

Table 1. STDs among residents, April 2008.

	2008		2007	
	month	*YTD*	*month*	*YTD*
Gonorrhea	145	674	160	716
Male rectal gonorrhea	30	162	36	182
Chlamydia	346	1,396	343	1,287
Male rectal chlamydia	58	216	46	197
Syphilis (adult total)	42	184	47	169
Primary & secondary	17	92	22	69
Early latent	12	61	13	59
Unknown latent	0	0	1	2
Late latent	13	31	11	39
Neurosyphilis	1	3	1	4
Congenital syphilis	0	1	0	0
PID	1	16	2	7
Adult male shigellosis	6	18	11	24

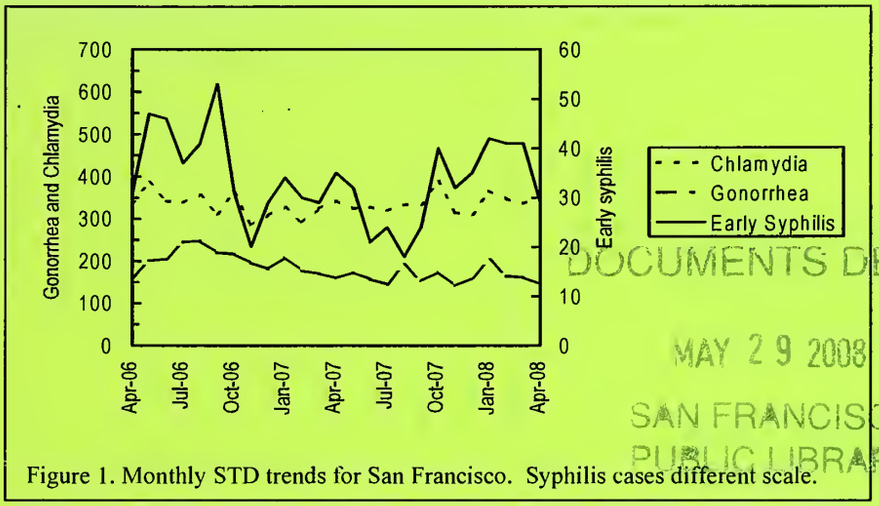

Figure 1. Monthly STD trends for San Francisco. Syphilis cases different scale.

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Table 2. Selected STD cases and rates for San Francisco by age and race/ethnicity, through April 2008 only. Rates equal cases per 100,000 residents per year based on 2000 US Census data.

	(All races)		Asian/PI		African American		Hispanic		White	
	cases	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*
All ages										
Chlamydia	1,396	539.2	180	214.0	312	1,460.9	220	602.7	379	335.5
Gonorrhea	674	260.3	52	61.8	140	655.5	98	268.5	295	261.1
Early syphilis	153	59.1	9	10.7	17	79.6	24	65.8	88	77.9
Under 20 yrs										
Chlamydia	255	1,489.1	25	344.2	115	5,239.7	46	1,245.6	20	540.8
Gonorrhea	57	332.9	3	41.3	34	1,549.1	10	270.8	3	81.1
Early syphilis	1	5.8	0	0.0	1	45.6	0	0.0	0	0.0

Table 3. HIV testing among City Clinic patients and HIV resistance testing among select City and County testing facilities, April, 2008.

	2008		2007	
	month	*YTD*	*month*	*YTD*
Tests	336	1,750	415	1,372
Antibody positive	11	39	9	36
Acute HIV infection	1	7	1	4

Table 4. Methamphetamine-related visits to SFGH Emergency Departments, April, 2008. (Source: SAMHSA/OAS/DAWN)

	2008		2007	
	month	*YTD*	*month*	*YTD*
Male	27	114	37	164
Female	9	30	6	44

Note: All statistics are provisional until the annual report is released for the year. Morbidity is based on date of diagnosis. Totals for past months may change due to delays in reporting from labs and providers.

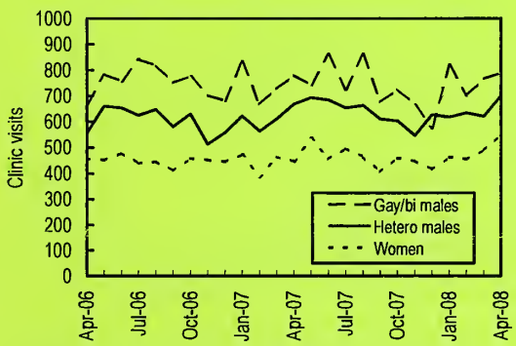

Figure 2. City Clinic visits by gender and orientation.

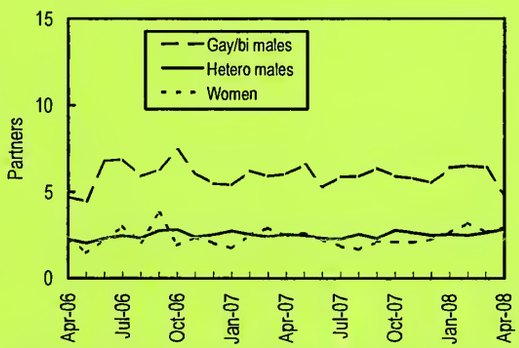

Figure 3. Average number of recent* sex partners for City Clinic visits by gender and sexual orientation.
**Recall period changed from 2 to 3 months in June 2006.*

Editorial Note: STD Screening Events for April's STD Awareness Month

The Sexual Health Promotion Unit celebrated April's STD Awareness Month by hosting two screening events in high STD morbidity areas of San Francisco. The STD screening events took place simultaneously in the Castro and Bayview Hunters Point areas. In the Castro, the event focused on testing gay and bisexual men and the Bayview Hunters Point event focusing on testing young African American heterosexual males and females. The events drew over 100+ attendees who were offered free STD and HIV screening, sexual health material, condoms and lubricant. Thirty-two people were tested for Chlamydia and gonorrhea at the Bayview screening; 1 (3.1%) chlamydia positive was identified. At the Castro event, 59 people were tested for syphilis and 62 tested for HIV, no new HIV or reactive syphilis serologies were found. However, among the 49 men who were tested for rectal gonorrhea and chlamydia, 4 (8.2%) rectal chlamydia infections were identified. Additionally, of 59 men tested pharyngeally, 2 (3.4%) chlamydia and 2 (3.4%) gonorrhea were identified. All new STD diagnoses were followed up to assure appropriate treatment. *FS/KB*

San Francisco Monthly STD Report

Data for May, 2008
Report prepared June 23, 2008

Table 1. STDs among residents, May 2008.

	2008		2007	
	month	*YTD*	*month*	*YTD*
Gonorrhea	158	832	173	889
Male rectal gonorrhea	32	192	43	225
Chlamydia	306	1,706	324	1,611
Male rectal chlamydia	60	275	33	230
Syphilis (adult total)	43	232	41	209
Primary & secondary	20	115	21	90
Early latent	18	79	11	69
Unknown latent	0	0	2	4
Late latent	5	38	7	46
Neurosyphilis	0	3	1	5
Congenital syphilis	0	1	0	0
PID	3	19	7	14
Adult male shigellosis	2	20	9	33

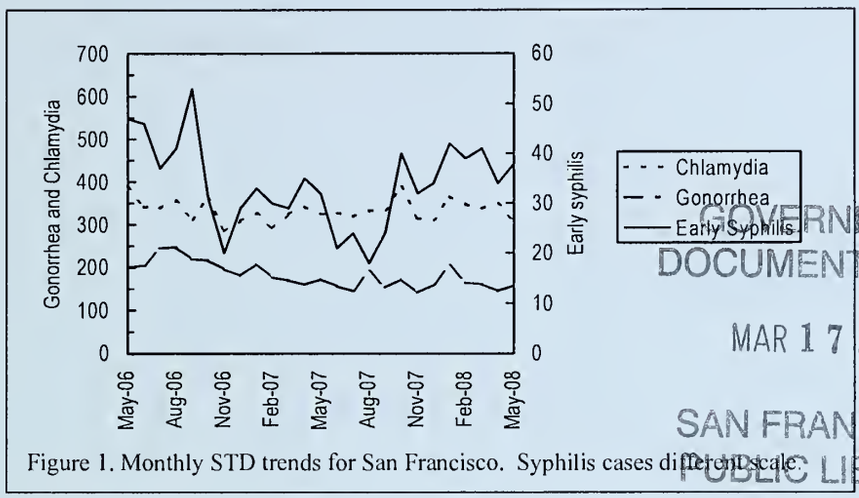

Figure 1. Monthly STD trends for San Francisco. Syphilis cases different scale.

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Table 2. Selected STD cases and rates for San Francisco by age and race/ethnicity, through May 2008 only. Rates equal cases per 100,000 residents per year based on 2000 US Census data.

	(All races)		Asian/PI		African American		Hispanic		White	
	cases	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*
All ages										
Chlamydia	1,706	527.1	217	206.4	377	1,412.2	264	578.6	478	338.5
Gonorrhea	832	257.1	56	53.3	169	633.1	120	263.0	366	259.2
Early syphilis	194	59.9	13	12.4	21	78.7	29	63.6	112	79.3
Under 20 yrs										
Chlamydia	302	1,410.9	33	363.4	139	5,066.6	52	1,126.5	24	519.2
Gonorrhea	63	294.3	3	33.0	35	1,275.8	10	216.6	3	64.9
Early syphilis	1	4.7	0	0.0	1	36.5	0	0.0	0	0.0

Table 3. HIV testing among City Clinic patients and HIV resistance testing among select City and County testing facilities, May, 2008.

	2008		2007	
	month	*YTD*	*month*	*YTD*
Tests	461	2,211	508	1,879
Antibody positive	5	44	12	48
Acute HIV infection	1	8	4	8

Table 4. Methamphetamine-related visits to SFGH Emergency Departments, May, 2008. (Source: SAMHSA/OAS/DAWN)

	2008		2007	
	month	*YTD*	*month*	*YTD*
Male	25	139	17	181
Female	6	36	11	55

Note: All statistics are provisional until the annual report is released for the year. Morbidity is based on date of diagnosis. Totals for past months may change due to delays in reporting from labs and providers.

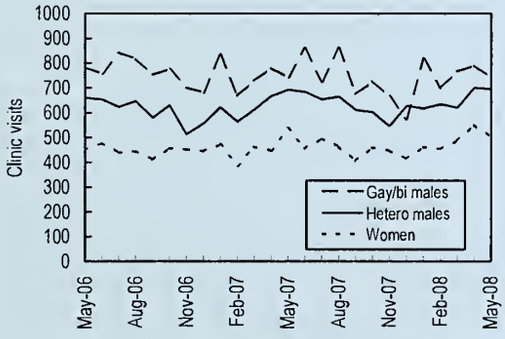

Figure 2. City Clinic visits by gender and orientation.

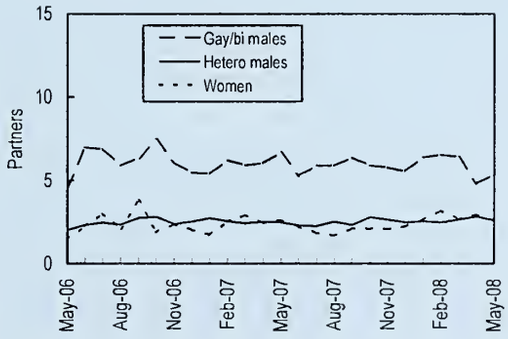

Figure 3. Average number of recent* sex partners for City Clinic visits by gender and sexual orientation.
**Recall period changed from 2 to 3 months in June 2006.*

Editorial Note: Poppers, HIV and STDs

Although poppers (nitrite inhalants) have been around for decades, information about their effects and risks has not always been consistent. Poppers are usually sold in small glass bottles, often marketed as "video head cleaner", "room deodorizer" or "leather cleaner". Poppers make blood vessels bigger, speed the heart rate and cause a "rush" feeling in the brain. When used with sex, patients sniff the vapors to enhance orgasm, prolong sex and relax vaginal/anal muscles for easier entry of the penis. Research studies consistently find poppers use to be linked with new STDs and HIV. Often, poppers are used with other drugs (eg. cocaine, methamphetamine) during sex. Combining poppers and erectile dysfunction drugs (eg. Viagra) may cause a drop in blood pressure. For many patients, poppers are not considered a drug, therefore sexual and health and substance use assessments should include direct questions about popper use. We recommend that providers educate patients about poppers, how to use them safely and about the risks of popper use. For more information please visit http://www.sfcityclinic.org/moreresources/ and then click "Poppers Information Sheet". *MP/KB*

San Francisco Monthly STD Report

Data for June, 2008
Report prepared July 21, 2008

Table 1. STDs among residents, June 2008.

	2008		2007	
	month	*YTD*	*month*	*YTD*
Gonorrhea	178	1,015	157	1,046
Male rectal gonorrhea	41	232	38	263
Chlamydia	300	2,016	328	1,939
Male rectal chlamydia	48	322	47	277
Syphilis (adult total)	47	278	31	240
Primary & secondary	24	138	14	104
Early latent	11	90	7	76
Unknown latent	0	0	0	4
Late latent	12	50	10	56
Neurosyphilis	1	5	1	6
Congenital syphilis	0	2	0	0
PID	3	22	3	17
Adult male shigellosis	4	24	7	40

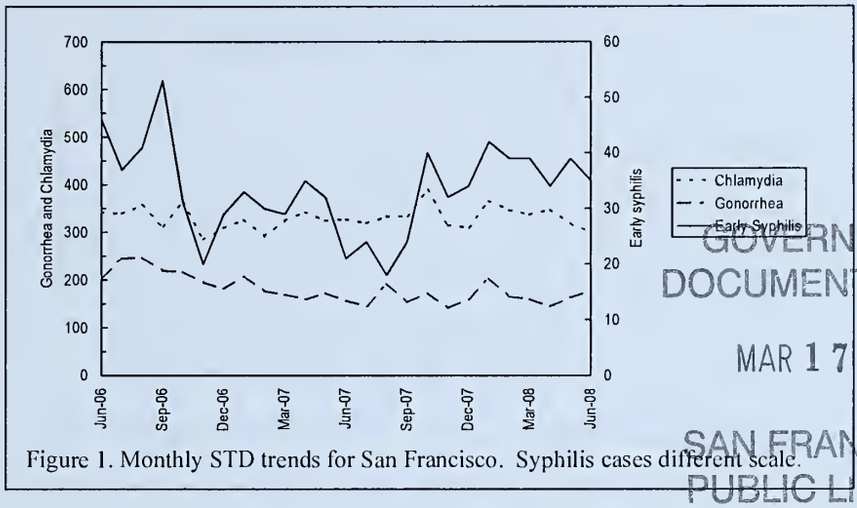

Figure 1. Monthly STD trends for San Francisco. Syphilis cases different scale.

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Table 2. Selected STD cases and rates for San Francisco by age and race/ethnicity, through June 2008 only. Rates equal cases per 100,000 residents per year based on 2000 US Census data.

	(All races)		Asian/PI		African American		Hispanic		White	
	cases	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*
All ages										
Chlamydia	2,016	519.1	247	195.7	456	1,423.4	312	569.8	565	333.4
Gonorrhea	1,015	261.4	66	52.3	204	636.8	141	257.5	456	269.1
Early syphilis	228	58.7	17	13.5	25	78.0	33	60.3	131	77.3
Under 20 yrs										
Chlamydia	360	1,401.5	33	302.9	173	5,254.9	59	1,065.1	30	540.8
Gonorrhea	72	280.3	3	27.5	41	1,245.4	10	180.5	4	72.1
Early syphilis	1	3.9	0	0.0	1	30.4	0	0.0	0	0.0

Table 3. HIV testing among City Clinic patients, June, 2008.

	2008		2007	
	month	*YTD*	*month*	*YTD*
Tests	444	2,655	543	2,421
Antibody positive	2	47	17	64
Acute HIV infection	0	8	1	9

Table 4. Methamphetamine-related visits to SFGH Emergency Departments, June, 2008. (Source: SAMHSA/OAS/DAWN)

	2008		2007	
	month	*YTD*	*month*	*YTD*
Male	43	182	32	213
Female	6	42	10	65

Note: All statistics are provisional until the annual report is released for the year. Morbidity is based on date of diagnosis. Totals for past months may change due to delays in reporting from labs and providers.

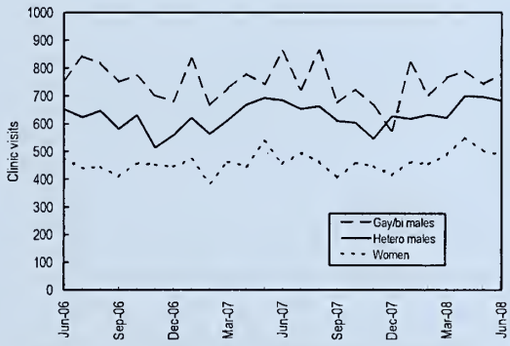

Figure 2. City Clinic visits by gender and orientation.

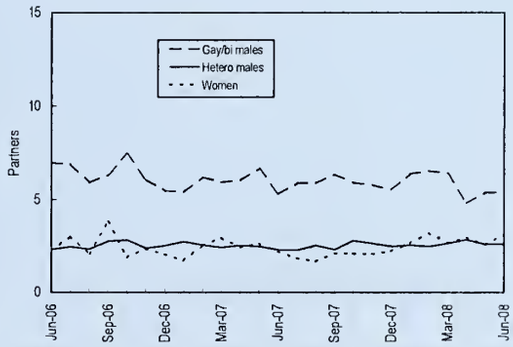

Figure 3. Average number of recent* sex partners for City Clinic visits by gender and sexual orientation.
**Recall period changed from 2 to 3 months in June 2006.*

Editorial Note: Trichomoniasis in the San Francisco County Jail

Trichomoniasis, caused by the protozoan *Trichomonas vaginalis* (TV), is the most common curable sexually transmitted infection (STI) in the United States and worldwide. TV has been associated with pelvic inflammatory disease, preterm delivery, and increased risk of HIV acquisition. Despite high prevalence rates and associated adverse reproductive health outcomes, TV receives limited public health attention. To understand the burden of TV infection in SF residents, we tested 1,015 leftover and de-identified urine specimens collected for CT and GC screening at the county jail. Trichomoniasis prevalence was 31.6% among specimens from females, 2.1% from males, and 0% from transgenders. Among specimens from women age ≤25 years and >25 years, TV was present in 25% and 38%, respectively (p=0.014). At the time of testing, CT and GC prevalence among males was 4.4% and 1.1%, respectively. Among females, CT and GC prevalence was 3.4% and 1.7%, respectively. These data indicate that TV infection may be common among women incarcerated at the San Francisco County Jail, particularly women age >25 years. Additional resources to screen and treat women for TV infection may be warranted. For more information on trichomoniasis please visit: http://www.sfcityclinic.org/providers/Trich.pdf. *JF/KB*

San Francisco Monthly STD Report

Data for July, 2008
Report prepared August 19, 2008

Table 1. STDs among residents, July 2008.

	2008		2007	
	month	*YTD*	*month*	*YTD*
Gonorrhea	164	1,181	145	1,191
Male reetal gonorrhea	33	266	29	292
Chlamydia	377	2,415	319	2,258
Male reetal chlamydia	61	383	47	324
Syphilis (adult total)	59	335	38	278
Primary & seeondary	26	162	11	115
Early latent	23	112	13	89
Unknown latent	1	3	0	4
Late latent	9	58	14	70
Neurosyphilis	0	5	2	8
Congenital syphilis	0	2	0	0
PID	5	28	0	17
Adult male shigellosis	6	30	7	47

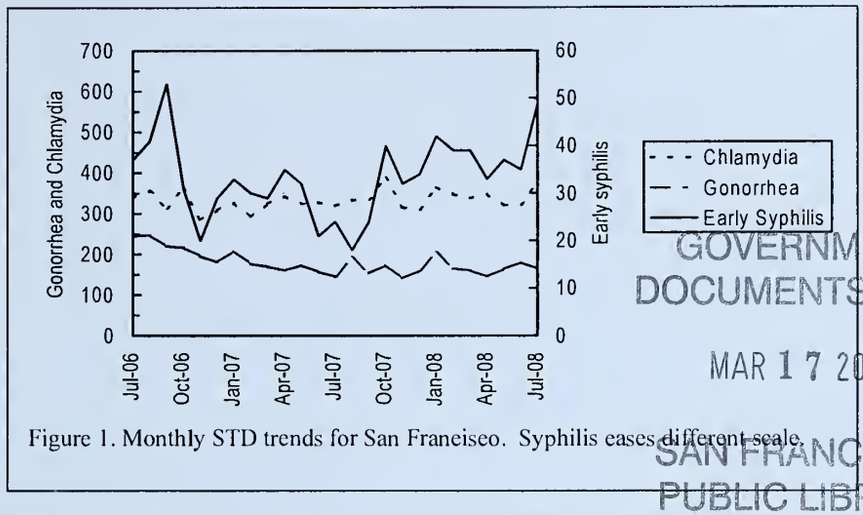

Figure 1. Monthly STD trends for San Franeiseo. Syphilis eases different scale.

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Table 2. Selected STD cases and rates for San Franeisco by age and race/ethnieity, through July 2008 only. Rates equal eases per 100,000 residents per year based on 2000 US Census data.

	(All races)		Asian/PI		African American		Hispanic		White	
	cases	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*
All ages										
Chlamydia	2,415	533.0	305	207.2	541	1,447.5	366	573.0	673	340.4
Gonorrhea	1,181	260.7	72	48.9	241	644.8	158	247.4	547	276.7
Early syphilis	274	60.5	20	13.6	35	93.7	46	72.0	161	81.4
Under 20 yrs										
Chlamydia	430	1,434.9	46	361.9	198	5,155.1	70	1,083.1	34	525.4
Gonorrhea	83	277.0	4	31.5	50	1,301.8	11	170.2	8	123.6
Early syphilis	2	6.7	0	0.0	1	26.0	1	15.5	0	0.0

Table 3. HIV testing among City Clinie patients, July, 2008.

	2008		2007	
	month	*YTD*	*month*	*YTD*
Tests	469	3,124	434	2,856
Antibody positive	9	56	7	72
Aeute HIV infeetion	1	9	3	12

Table 4. Methamphetamine-related visits to SFGH Emergeney Departments, July, 2008. (Source: SAMHSA/OAS/DAWN)

	2008		2007	
	month	*YTD*	*month*	*YTD*
Male	33	215	30	243
Female	8	50	8	73

Note: All statistics are provisional until the annual report is released for the year. Morbidity is based on date of diagnosis. Totals for past months may change due to delays in reporting from labs and providers.

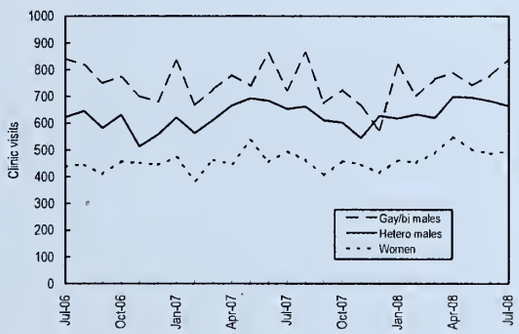

Figure 2. City Clinic visits by gender and orientation.

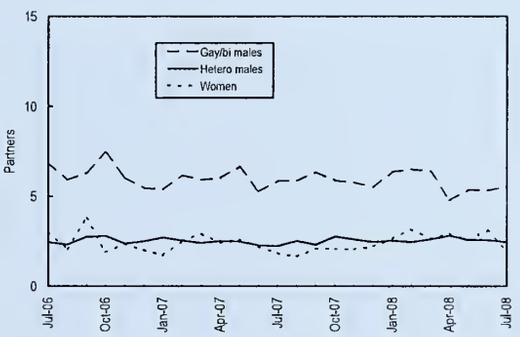

Figure 3. Average number of recent sex partners for City Clinic visits by gender and sexual orientation.

Editorial Note: Adverse Childhood Events and Sexually Transmitted Diseases

Research suggests that sexual risk behavior may be affected by household factors during childhood. This lifecourse approach may help improve understanding of modifiable factors that increase the risk of HIV and STDs. We surveyed 528 STD clinic patients to assess childhood exposures to violence, abuse, and other adverse events. We found that people were significantly more likely to report adverse childhood experiences when the surveys were anonymous. We also found that persons who had adverse childhood experiences were more likely to have an STD. These findings suggest that child abuse may often be underreported, and that childhood stress may have a long-term impact on adult sexual health. More comprehensive assessment and care at STD clinics including access to mental health services may be needed. *JM*

San Francisco Monthly STD Report

Data for August, 2008
Report prepared September 19, 2008

Table 1. STDs among residents, August 2008.

	2008		2007	
	month	*YTD*	*month*	*YTD*
Gonorrhea	161	1,344	192	1,383
Male rectal gonorrhea	38	304	44	336
Chlamydia	302	2,716	333	2,591
Male rectal chlamydia	55	437	52	376
Syphilis (adult total)	70	409	27	305
Primary & secondary	41	203	7	122
Early latent	24	138	11	100
Unknown latent	1	4	0	4
Late latent	4	64	9	79
Neurosyphilis	0	5	0	8
Congenital syphilis	0	2	0	0
PID	3	31	0	17
Adult male shigellosis	3	33	8	55

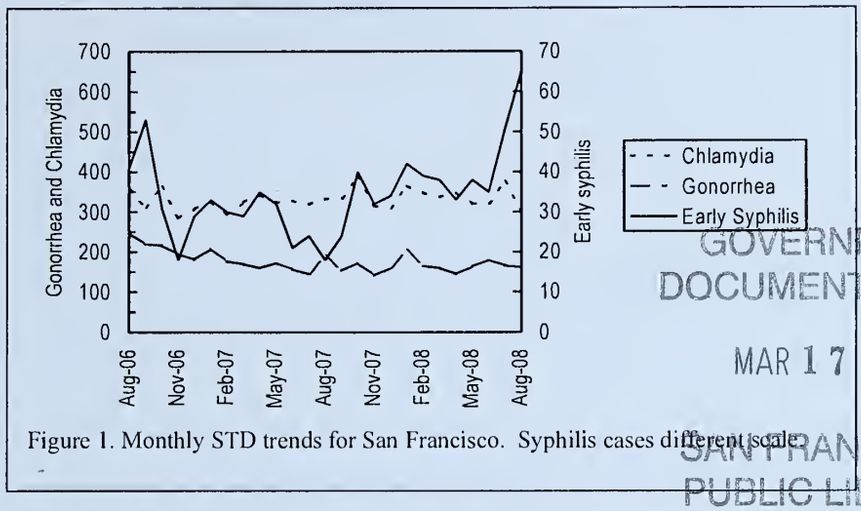

Figure 1. Monthly STD trends for San Francisco. Syphilis cases different scale.

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Table 2. Selected STD cases and rates for San Francisco by age and race/ethnicity, through August 2008 only. Rates equal cases per 100,000 residents per year based on 2000 US Census data.

	(All races)		Asian/PI		African American		Hispanic		White	
	cases	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*
All ages										
Chlamydia	2,716	524.5	330	196.1	604	1,414.1	406	556.1	771	341.2
Gonorrhea	1,344	259.6	80	47.6	272	636.8	186	254.8	617	273.1
Early syphilis	341	65.9	22	13.1	42	98.3	62	84.9	197	87.2
Under 20 yrs										
Chlamydia	481	1,404.5	49	337.3	221	5,034.7	76	1,029.0	40	540.8
Gonorrhea	88	257.0	5	34.4	52	1,184.6	12	162.5	9	121.7
Early syphilis	2	5.8	0	0.0	1	22.8	1	13.5	0	0.0

Table 3. HIV testing among City Clinic patients, August, 2008.

	2008		2007	
	month	*YTD*	*month*	*YTD*
Tests	499	3,623	535	3,391
Antibody positive	11	67	8	80
Acute HIV infection	4	13	1	13

Table 4. Methamphetamine-related visits to SFGH Emergency Departments, August, 2008. (Source: SAMHSA/OAS/DAWN)

	2008		2007	
	month	*YTD*	*month*	*YTD*
Male	32	247	41	284
Female	8	58	5	78

Note: All statistics are provisional until the annual report is released for the year. Morbidity is based on date of diagnosis. Totals for past months may change due to delays in reporting from labs and providers.

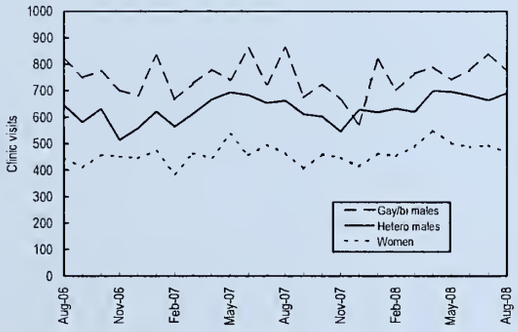

Figure 2. City Clinic visits by gender and orientation.

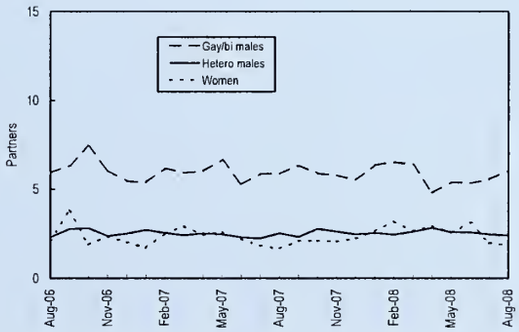

Figure 3. Average number of recent sex partners for City Clinic visits by gender and sexual orientation.

Editorial Note: Syphilis Update

From January through August 2008, 341 early syphilis cases—primary, secondary, or early latent syphilis—were reported among San Francisco residents, a 54% increase over last year. At the current rate, there will be 493 early syphilis cases in 2008, the greatest number since 2005 (551 cases). While the number of cases has increased, the characteristics of patients with syphilis continue to be the same: 97% male, 86% men who have sex with men (MSM), 65% HIV-infected individuals, 61% white, 19% Hispanic, 13% black, 6% Asian, and < 1% Native American and Pacific Islander. This increase in syphilis underscores the need for health-care providers to examine, screen and test patients for syphilis frequently. HIV-infected MSM should be screened for syphilis with every CD4 count or viral load test. Nonmonogamous MSM should be screened for syphilis every 3-6 months, regardless of HIV status. Free screening and testing is offered at San Francisco City Clinic and at Magnet and through stdtest.org. Finally, all persons who report possible syphilis exposure in the prior 90 days should be treated prophylactically to prevent infection. *KK*

***Note: 2007 Annual STD Summary for San Francisco is now available at http://www.sfdph.org/dph/files/reports/default.asp - annlSTD.

San Francisco Monthly STD Report

Data for September, 2008
Report prepared October 24, 2008

Table 1. STDs among residents, September 2008.

	2008		2007	
	month	*YTD*	*month*	*YTD*
Gonorrhea	161	1,505	153	1,536
Male rectal gonorrhea	36	340	31	367
Chlamydia	360	3,075	334	2,925
Male rectal chlamydia	67	506	45	421
Syphilis (adult total)	70	478	33	338
Primary & secondary	40	243	15	137
Early latent	20	157	9	109
Unknown latent	1	5	0	4
Late latent	9	73	9	88
Neurosyphilis	0	5	1	9
Congenital syphilis	0	2	0	0
PID	5	36	2	19
Adult male shigellosis	6	39	7	62

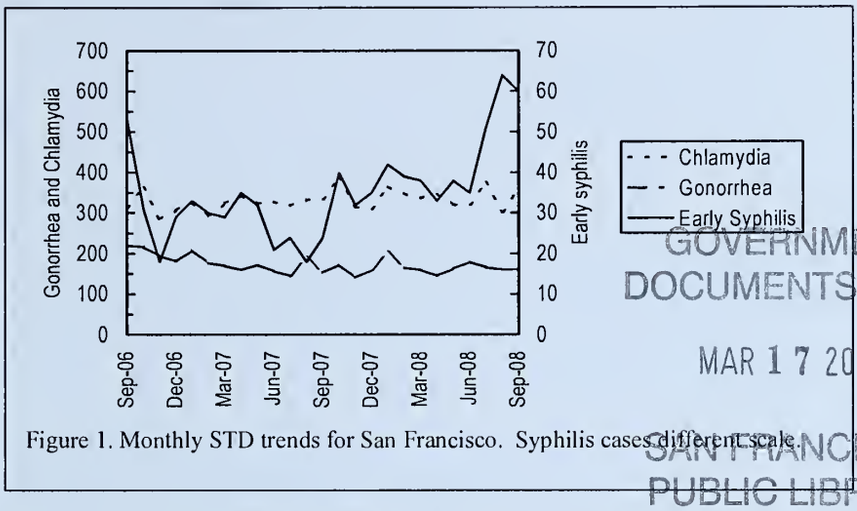

Figure 1. Monthly STD trends for San Francisco. Syphilis cases different scale.

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Table 2. Selected STD cases and rates for San Francisco by age and race/ethnicity, through September 2008 only. Rates equal cases per 100,000 residents per year based on 2000 US Census data.

	(All races)		Asian/PI		African American		Hispanic		White	
	cases	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*
All ages										
Chlamydia	3,075	527.9	370	195.5	670	1,394.3	459	558.9	885	348.2
Gonorrhea	1,505	258.4	93	49.1	304	632.6	209	254.5	678	266.7
Early syphilis	400	68.7	28	14.8	51	106.1	74	90.1	228	89.7
Under 20 yrs										
Chlamydia	549	1,424.9	55	336.5	247	5,001.8	90	1,083.1	44	528.8
Gonorrhea	101	262.1	5	30.6	58	1,174.5	15	180.5	9	108.2
Early syphilis	2	5.2	0	0.0	1	20.3	1	12.0	0	0.0

Table 3. HIV testing among City Clinic patients, September, 2008.

	2008		2007	
	month	*YTD*	*month*	*YTD*
Tests	463	4,086	498	3,889
Antibody positive	10	77	11	91
Acute HIV infection	0	13	0	13

Table 4. Methamphetamine-related visits to SFGH Emergency Departments, September, 2008. (Source: SAMHSA/OAS/DAWN)

	2008		2007	
	month	*YTD*	*month*	*YTD*
Male	27	275	39	323
Female	12	70	8	86

Note: All statistics are provisional until the annual report is released for the year. Morbidity is based on date of diagnosis. Totals for past months may change due to delays in reporting from labs and providers.

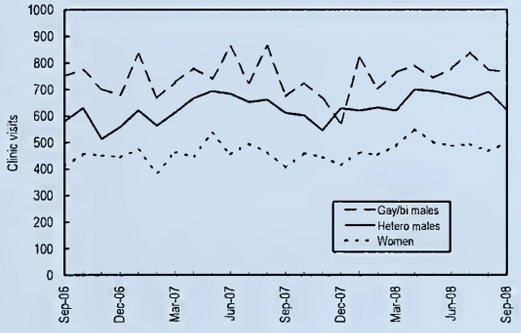

Figure 2. City Clinic visits by gender and orientation.

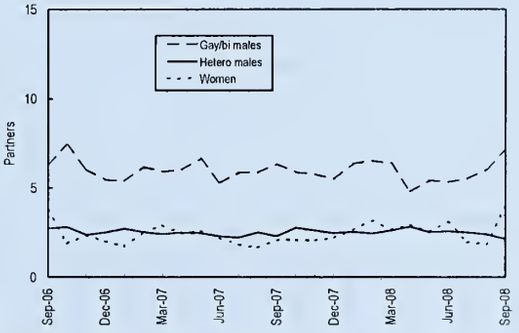

Figure 3. Average number of recent sex partners for City Clinic visits by gender and sexual orientation.

Editorial Note: Making STD Reporting easier

The reporting of STD cases is critical in the prevention and control of infections. State law requires that providers report all suspected and confirmed cases of syphilis, gonorrhea and chlamydia within 7 days of diagnosis. The SFDPH STD Section collects demographic data to monitor trends in diseases and verifies that patients have been treated appropriately. Timely reporting allows for STD staff to locate and treat individuals as quickly as possible to reduce complications and decrease the spread of infection to sex partners. Providers should use the Confidential Morbidity Report (CMR) and include all required demographic information (including patient's race/ethnicity), STD information (including anatomic site of infection), and the gender of sex partners.

Best practices include:

(1) a ***tickler file*** to remind you to send these time-sensitive documents;
(2) create a ***master copy*** from the PDF with clinic address to minimize duplicate work;
(3) FAX on the ***same day*** as printing;
(4) ***keep record*** of faxes sent.

Questions can be directed to Ameera Snell at 487-5515 or Ameera.Snell@sfdph.org. The CMR is available on the City Clinic website, located in the "For Providers" section at http://www.sfcityclinic.org/providers/#Form. *AR/AS*

Provider STD Reporting: 415-487-5555, 415-431-4628 (fax)

www.sfcityclinic.org

San Francisco Monthly STD Report

Data for October, 2008
Report prepared November 18, 2008

Table 1. STDs among residents, October 2008.

	2008		2007	
	month	*YTD*	*month*	*YTD*
Gonorrhea	189	1,693	173	1,709
Male rectal gonorrhea	40	380	41	408
Chlamydia	427	3,503	388	3,313
Male rectal chlamydia	71	577	64	485
Syphilis (adult total)	63	541	47	386
Primary & secondary	36	278	31	168
Early latent	19	177	9	118
Unknown latent	0	5	1	5
Late latent	8	81	6	95
Neurosyphilis	0	5	1	10
Congenital syphilis	0	2	0	0
PID	6	42	4	23
Adult male shigellosis	3	42	7	69

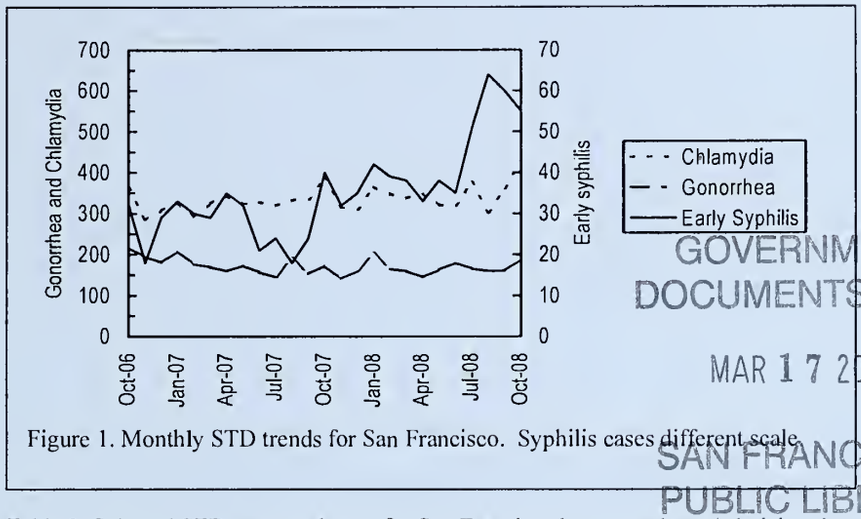

Figure 1. Monthly STD trends for San Francisco. Syphilis cases different scale.

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Table 2. Selected STD cases and rates for San Francisco by age and race/ethnicity, through October 2008 only. Rates equal cases per 100,000 residents per year based on 2000 US Census data.

	(All races)		Asian/PI		African American		Hispanic		White	
	cases	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*
All ages										
Chlamydia	3,503	541.2	414	196.9	763	1,429.1	523	573.1	1,002	354.8
Gonorrhea	1,693	261.6	105	49.9	334	625.6	233	255.3	767	271.6
Early syphilis	455	70.3	35	16.6	61	114.3	82	89.9	256	90.6
Under 20 yrs										
Chlamydia	616	1,438.9	61	335.9	285	5,194.2	101	1,094.0	48	519.2
Gonorrhea	109	254.6	5	27.5	63	1,148.2	16	173.3	10	108.2
Early syphilis	3	7.0	0	0.0	1	18.2	2	21.7	0	0.0

Table 3. HIV testing among City Clinic patients, October, 2008.

	2008		2007	
	month	*YTD*	*month*	*YTD*
Tests	454	4,540	504	4,393
Antibody positive	10	87	13	104
Acute HIV infection	0	13	2	15

Table 4. Methamphetamine-related visits to SFGH Emergency Departments, October, 2008. (Source: SAMHSA/OAS/DAWN)

	2008		2007	
	month	*YTD*	*month*	*YTD*
Male	44	319	22	345
Female	9	79	8	94

Note: All statistics are provisional until the annual report is released for the year. Morbidity is based on date of diagnosis. Totals for past months may change due to delays in reporting from labs and providers.

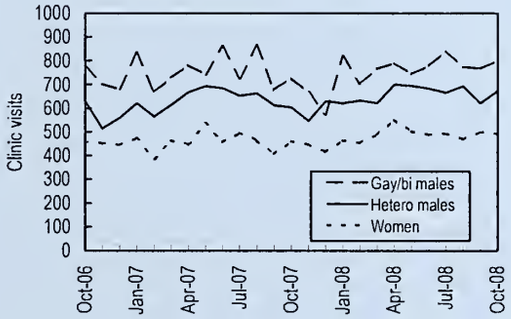

Figure 2. City Clinic visits by gender and orientation.

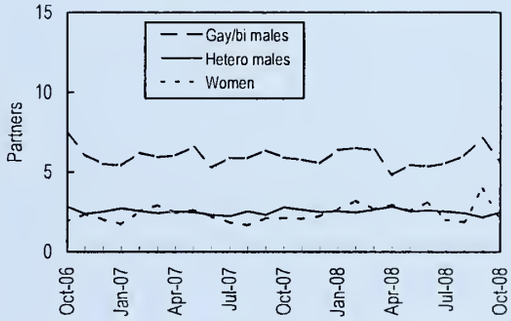

Figure 3. Average number of recent sex partners for City Clinic visits by gender and sexual orientation.

Editorial Note: What do MSM in San Francisco know, and what do they do?

Early syphilis cases have increased 58% in the first ten months of 2008 compared to 2007. Over 90% of syphilis cases occur in men who have sex with men (MSM). In order to better target prevention initiatives for syphilis, we examined knowledge of and barriers to recommended syphilis screening among MSM in the 2008 cycle of the National HIV Behavioral Surveillance (NHBS) Survey, a venue-based sample of MSM funded by the CDC. To date, SFDPH has interviewed 345 MSM in San Francisco. The average age was 36 years; 56% were white, 24% Latino, 7% African-American, 7% Asian, and 7% other; 21% were HIV-infected. Of those sampled, 77% knew that SFDPH recommends that MSM be screened for syphilis every 3-6 months, 53% felt at risk for syphilis, and 43% reported having a syphilis test within the past 6 months. Factors significantly associated with not testing within 6 months included not knowing the recommended interval, not feeling at risk, or Asian or other race. Syphilis screening was not associated with HIV status, age, methamphetamine use, and history of syphilis. Based on these data, SFDPH will soon roll out new programs aimed at boosting knowledge about syphilis and syphilis screening among MSM. In the meantime, health-care providers should discuss and screen their MSM patients for syphilis. *KK*

San Francisco Monthly STD Report

Data for November, 2008
Report prepared December 18, 2008

Table 1. STDs among residents, November 2008.

	2008		2007	
	month	*YTD*	*month*	*YTD*
Gonorrhea	145	1,835	141	1,850
Male rectal gonorrhea	41	418	43	451
Chlamydia	285	3,789	315	3,628
Male rectal chlamydia	48	622	52	537
Syphilis (adult total)	51	601	43	430
Primary & secondary	25	304	16	185
Early latent	17	198	16	134
Unknown latent	0	5	0	5
Late latent	9	94	11	106
Neurosyphilis	0	5	0	10
Congenital syphilis	0	2	1	1
PID	5	47	5	28
Adult male shigellosis	4	46	3	72

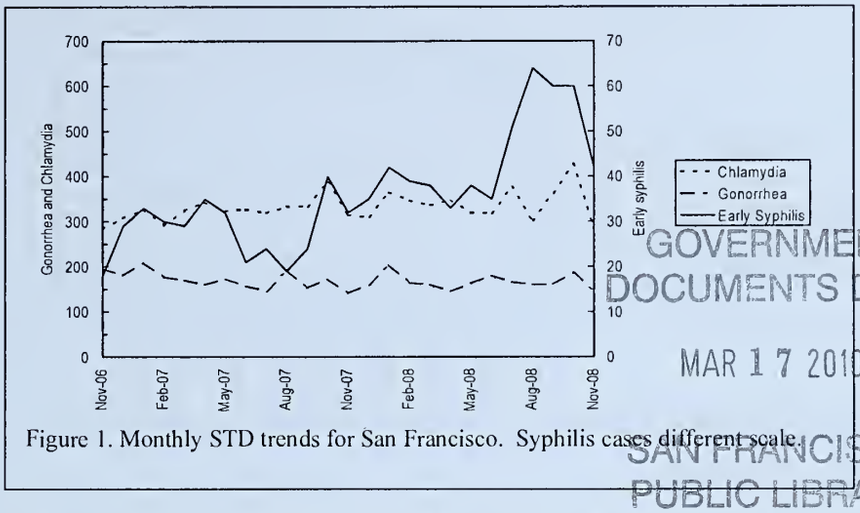

Figure 1. Monthly STD trends for San Francisco. Syphilis cases different scale.

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Table 2. Selected STD cases and rates for San Francisco by age and race/ethnicity, through November 2008 only. Rates equal cases per 100,000 residents per year based on 2000 US Census data.

	(All races)		Asian/PI		African American		Hispanic		White	
	cases	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*
All ages										
Chlamydia	3,789	532.2	452	195.4	842	1,433.7	554	551.9	1,076	346.4
Gonorrhea	1,835	257.7	116	50.1	367	624.9	255	254.0	834	268.5
Early syphilis	502	70.5	39	16.9	68	115.8	89	88.7	279	89.8
Under 20 yrs										
Chlamydia	662	1,405.8	63	315.4	317	5,252.2	105	1,033.9	49	481.8
Gonorrhea	112	237.8	5	25.0	66	1,093.5	16	157.6	11	108.2
Early syphilis	3	6.4	0	0.0	1	16.6	2	19.7	0	0.0

Table 3. HIV testing among City Clinic patients, November, 2008.

	2008		2007	
	month	*YTD*	*month*	*YTD*
Tests	357	4,897	446	4,839
Antibody positive	6	93	7	111
Acute HIV infection	3	16	0	15

Table 4. Methamphetamine-related visits to SFGH Emergency Departments, November, 2008. (Source: SAMHSA/OAS/DAWN)

	2008		2007	
	month	*YTD*	*month*	*YTD*
Male	25	344	30	375
Female	7	86	9	103

Note: All statistics are provisional until the annual report is released for the year. Morbidity is based on date of diagnosis. Totals for past months may change due to delays in reporting from labs and providers.

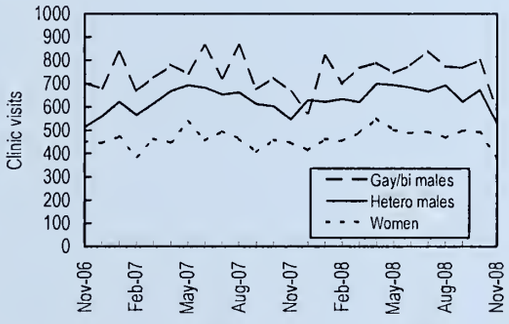

Figure 2. City Clinic visits by gender and orientation.

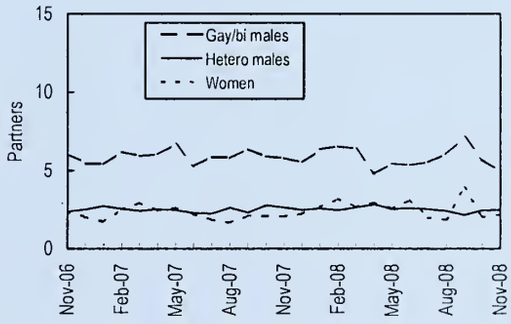

Figure 3. Average number of recent sex partners for City Clinic visits by gender and sexual orientation.

Editorial Note: Non-occupational HIV post-exposure prophylaxis (NPEP) at San Francisco City Clinic

City Clinic is the primary public provider of non-occupational HIV post-exposure prophylaxis (nPEP) in San Francisco. Eligibility for nPEP is determined by a clinician and based on the HIV-transmission risk of the patient's reported exposure. From 2002-2007, 971 patients received nPEP at 1,103 visits. While 835 patients (86%) were prescribed nPEP once during this period, 124 (13%) received it up to three times, and 12 (1%) received four or more courses. Of all patients receiving nPEP, 85% were men who have sex with men, 8% were women, 5% were heterosexual men, and 2% were transgender. The median age was 33 and a sizeable minority (36%) was non-white. In 2007, 86% more courses of nPEP were prescribed than in 2002, and recipients were more likely to have requested nPEP when they presented at the clinic in 2007 than in 2002 ($p<0.0001$). These data suggest that patient awareness of nPEP may have increased in parallel with increased provision over time. Most patients received nPEP once during the period. Provision of nPEP is an important opportunity for STD screening, as well as counseling to reduce future HIV/STD-transmission risk. STD Prevention and Control runs a PEP hotline and questions regarding PEP can be directed to Andrew Reynolds (415 487-5522). *JM/AR/SP*

San Francisco Monthly STD Report

Data for December, 2008
Report prepared January 27, 2009

Table 1. STDs among residents, December, 2008.

	2008		2007	
	month	*YTD*	*month*	*YTD*
Gonorrhea	167	2,005	160	2,009
Male rectal gonorrhea	46	464	39	490
Chlamydia	318	4,106	310	3,937
Male rectal chlamydia	44	665	54	591
Syphilis (adult total)	58	658	42	472
Primary & secondary	34	339	19	204
Early latent	13	210	16	150
Unknown latent	1	6	0	5
Late latent	10	103	7	113
Neurosyphilis	1	6	0	10
Congenital syphilis	0	2	0	1
PID	4	51	1	29
Adult male shigellosis	8	54	5	77

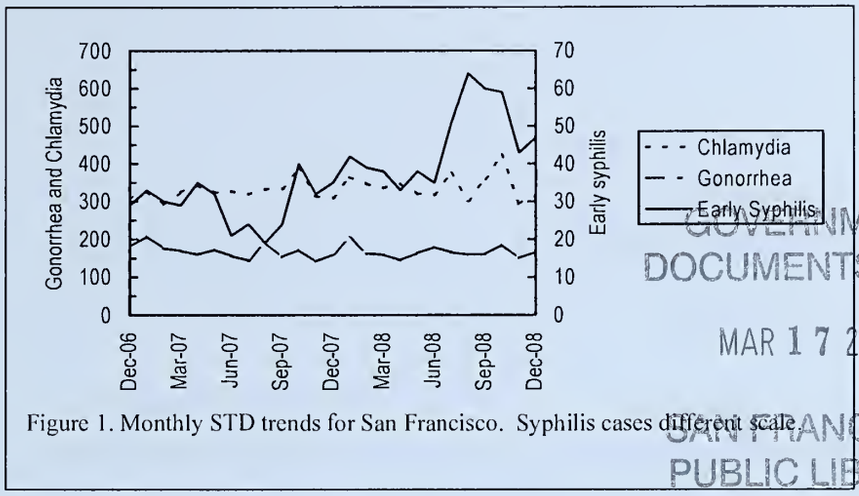

Figure 1. Monthly STD trends for San Francisco. Syphilis cases different scale.

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Table 2. Selected STD cases and rates for San Francisco by age and race/ethnicity, 2008 through December. Rates equal cases per 100,000 residents per year based on 2000 US Census data.

	(All races)		Asian/PI		African American		Hispanic		White	
	cases	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*
All ages										
Chlamydia	4,106	528.6	491	194.6	915	1,428.1	605	552.5	1,165	343.8
Gonorrhea	2,005	258.1	130	51.5	407	635.2	279	254.8	905	267.0
Early syphilis	549	70.7	39	15.5	71	110.8	98	89.5	309	91.2
Under 20 yrs										
Chlamydia	714	1,389.9	66	302.9	344	5,224.5	113	1,020.0	53	477.7
Gonorrhea	121	235.5	5	22.9	75	1,139.1	16	144.4	11	99.2
Early syphilis	3	5.8	0	0.0	1	15.2	2	18.1	0	0.0

Table 3. HIV testing among City Clinic patients, December, 2008.

	2008		2007	
	month	*YTD*	*month*	*YTD*
Tests	469	5,368	442	5,280
Antibody positive	5	98	4	114
Acute HIV infection	1	17	0	15

Table 4. Methamphetamine-related visits to SFGH Emergency Departments, December, 2008. (Source: SAMHSA/OAS/DAWN)

	2008		2007	
	month	*YTD*	*month*	*YTD*
Male	14	359	27	402
Female	8	94	8	111

Note: All statistics are provisional until the annual report is released for the year. Morbidity is based on date of diagnosis. Totals for past months may change due to delays in reporting from labs and providers.

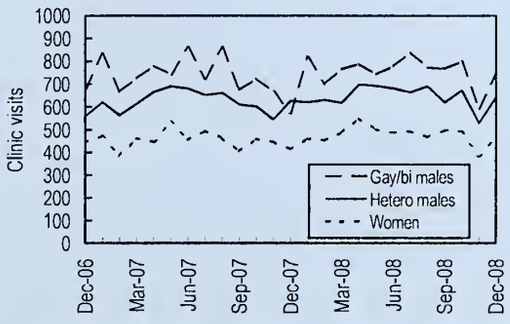

Figure 2. City Clinic visits by gender and orientation.

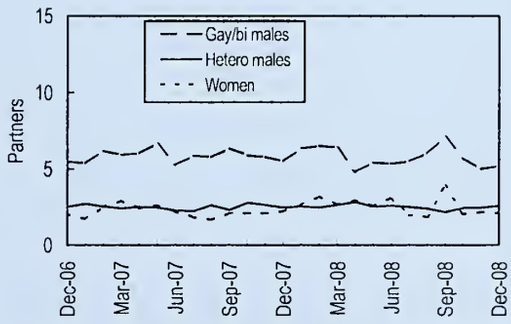

Figure 3. Average number of recent* sex partners for City Clinic visits by gender and sexual orientation.
**Recall period is 3 months.*

Editorial Note: 2008 Preliminary Data Shows Increases in Reportable STDs in San Francisco

In 2008, increases were noted for chlamydia and syphilis in San Francisco, while reported gonorrhea remained stable. Reported gonorrhea declined 0.2% from 2,009 cases in 2007 to 2,005 in 2008. However, rectal gonorrhea among men declined from 490 cases to 464 — a 5.3% decline. Dramatic increases in syphilis occurred in 2008. Primary and secondary syphilis increased 66.2% in 2008 from 204 cases to 339; total early syphilis also increased by 55.1% in 2008. Chlamydia infections increased slightly. Overall reported chlamydia increased from 3,937 to 4,106 (4.3%) while rectal chlamydia increased in 2008 from 591 to 665 cases for a 12.5% annual increase.

San Francisco Department of Public Health recommends that all sexually active men who have sex with men be screened every 3-6 months for syphilis, chlamydia, and gonorrhea. Additionally, all women 25 years old and younger should be screened for chlamydia at least annually. African-American women 25 and younger should also be screened for gonorrhea at least annually. All patients with an STD should be treated promptly and encouraged to return for a re-screening in 3 months. STD screening is available at San Francisco City Clinic, through community clinics, private providers, and STDtest.org. More comprehensive data will be available with the publication of the 2008 Annual Summary. The 2007 Annual Summary can be found at http://www.sfdph.org/dph/files/reports/default.asp#annlSTD. *KB*

San Francisco Monthly STD Report

Data for January, 2009
Report prepared February 20, 2009

Table 1. STDs among residents, January, 2009.

	2009		2008	
	month	*YTD*	*month*	*YTD*
Gonorrhea	186	186	204	204
Male rectal gonorrhea	42	42	49	49
Chlamydia	353	353	365	365
Male rectal chlamydia	80	80	52	52
Syphilis (adult total)	55	55	46	46
Primary & secondary	23	23	26	26
Early latent	22	22	16	16
Unknown latent	1	1	0	0
Late latent	9	9	4	4
Neurosyphilis	0	0	1	1
Congenital syphilis	0	0	0	0
PID	4	4	4	4
Adult male shigellosis	8	8	7	7

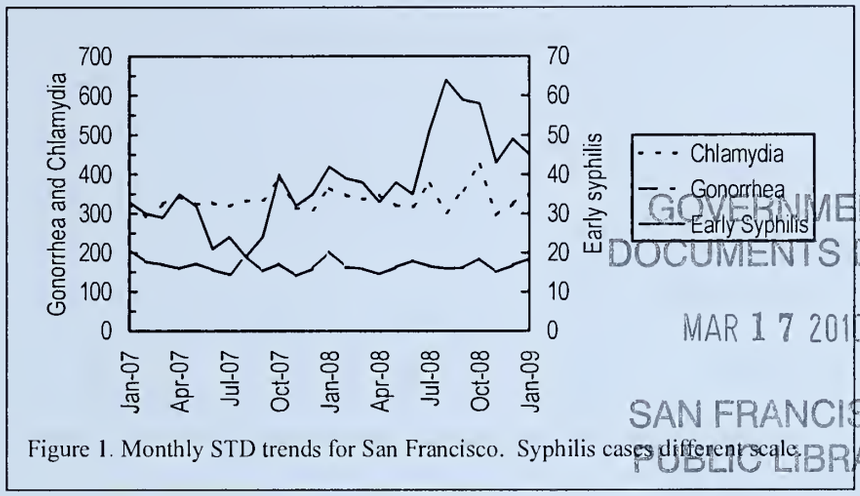

Figure 1. Monthly STD trends for San Francisco. Syphilis cases different scale.

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Table 2. Selected STD cases and rates for San Francisco by age and race/ethnicity, 2009 through January only. Rates equal cases per 100,000 residents per year based on 2000 US Census data.

	(All races)		Asian/PI		African American		Hispanic		White	
	cases	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*
All ages										
Chlamydia	353	545.4	34	161.7	76	1,423.4	42	460.3	110	389.5
Gonorrhea	186	287.4	12	57.1	37	693.02	9	317.8	86	304.5
Early syphilis	45	69.5	3	14.3	4	74.9	11	120.5	21	74.4
Under 20 yrs										
Chlamydia	64	1,495.0	6	330.4	27	4,920.8	5	541.6	3	324.5
Gonorrhea	16	373.7	1	55.1	10	1,822.5	0	0.0	2	216.3
Early syphilis	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

Table 3. HIV testing among City Clinic patients, January, 2009.

	2009		2008	
	month	*YTD*	*month*	*YTD*
Tests	429	429	489	489
Antibody positive	11	11	9	9
Acute HIV infection	4	4	2	2

Table 4. Methamphetamine-related visits to SFGH Emergency Departments, January, 2009. (Source: SAMHSA/OAS/DAWN)

	2009		2008	
	month	*YTD*	*month*	*YTD*
Male	34	34	29	29
Female	10	10	12	12

Note: All statistics are provisional until the annual report is released for the year. Morbidity is based on date of diagnosis. Totals for past months may change due to delays in reporting from labs and providers.

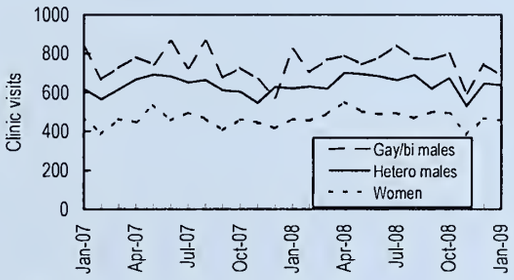

Figure 2. City Clinic visits by gender and orientation.

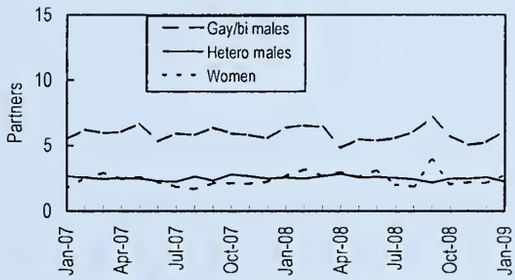

Figure 3. Average number of recent* sex partners for City Clinic visits by gender and sexual orientation.
**Recall period is 3 months.*

Editorial Note: Screening for Syphilis in the Tenderloin

Concurrent with a 56% increase in early syphilis in 2008, clusters of syphilis cases were identified among Tenderloin residents, crack cocaine users, incarcerated individuals, and African American women. While syphilis continues to be almost exclusively among men who have sex with men, there was concern that these clusters might represent the start of new syphilis outbreaks in SF.

To investigate that possibility, STD Prevention and Control Services and Housing and Urban Health Sections conducted screenings at four single room occupancy (SRO) hotels in the Tenderloin in December 2008. During those screening events, 121 SRO hotel residents were tested for syphilis. No new cases were detected. STD Prevention and Control Services also joined with Tom Waddell Health Center (TWHC) to offer syphilis tests to TWHC patients during November–December 2008. Two hundred twenty-three tests were done during that screening period, an average of eight tests per day, compared with about five tests per day during the rest of the year. Again, no new syphilis cases were detected.

STD Prevention and Control Services has also increased outreach to healthcare providers and residents in the Tenderloin and is planning additional screening events in the Tenderloin and the SF jails. Although results from the SRO hotel and TWHC screenings suggest that the clusters identified were isolated, clinicians should remain vigilant for syphilis in SF. *KK*

San Francisco Monthly STD Report

Data for February, 2009
Report prepared March 20, 2009

Table 1. STDs among residents, February, 2009.

	2009		2008	
	month	*YTD*	*month*	*YTD*
Gonorrhea	164	351	163	367
Male rectal gonorrhea	55	97	43	92
Chlamydia	316	680	347	712
Male rectal chlamydia	51	130	52	104
Syphilis (adult total)	63	117	50	96
Primary & secondary	28	51	21	47
Early latent	22	44	18	34
Unknown latent	0	1	1	1
Late latent	13	21	10	14
Neurosyphilis	0	0	1	2
Congenital syphilis	0	0	1	1
PID	4	8	7	11
Adult male shigellosis	14	22	3	10

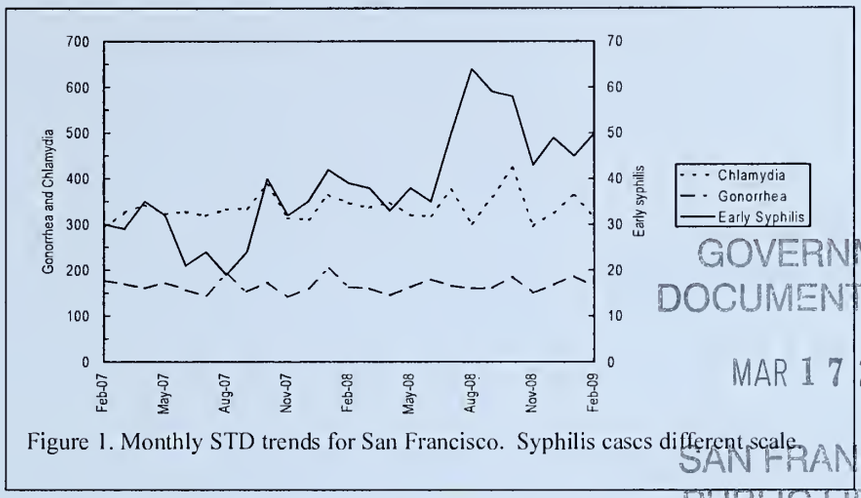

Figure 1. Monthly STD trends for San Francisco. Syphilis cases different scale.

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Table 2. Selected STD cases and rates for San Francisco by age and race/ethnicity, 2009 through February only. Rates equal cases per 100,000 residents per year based on 2000 US Census data.

	(All races)		Asian/PI		African American		Hispanic		White	
	cases	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*
All ages										
Chlamydia	680	525.3	80	190.2	138	1,292.3	89	487.7	197	348.8
Gonorrhea	351	271.1	28	66.6	56	524.45	2	284.9	161	285.0
Early syphilis	95	73.4	9	21.4	11	103.01	7	93.2	49	86.8
Under 20 yrs										
Chlamydia	127	1,483.3	12	330.4	52	4,738.5	12	649.9	14	757.2
Gonorrhea	25	292.0	3	82.6	12	1,093.5	0	0.0	3	162.3
Early syphilis	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

Table 3. HIV testing among City Clinic patients, February, 2009.

	2009		2008	
	month	*YTD*	*month*	*YTD*
Tests	388	817	500	989
Antibody positive	12	23	9	18
Acute HIV infection	1	5	2	4

Table 4. Methamphetamine-related visits to SFGH Emergency Departments, February, 2009. (Source: SAMHSA/OAS/DAWN)

	2009		2008	
	month	*YTD*	*month*	*YTD*
Male	30	64	25	54
Female	12	22	7	19

Note: All statistics are provisional until the annual report is released for the year. Morbidity is based on date of diagnosis. Totals for past months may change due to delays in reporting from labs and providers.

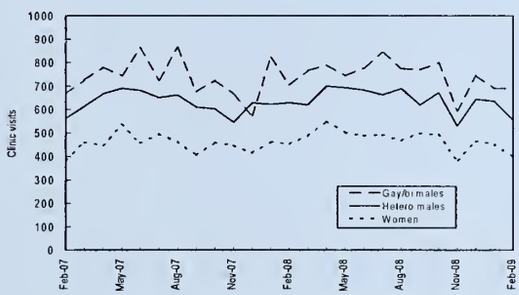

Figure 2. City Clinic visits by gender and orientation.

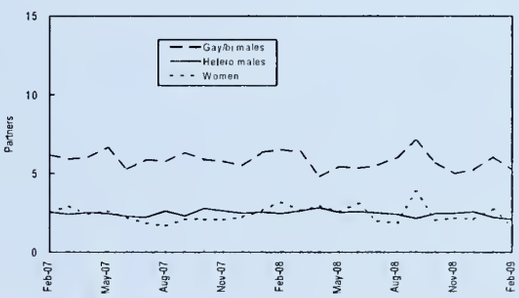

Figure 3. Average number of recent* sex partners for City Clinic visits by gender and sexual orientation.
**Recall period is 3 months.*

Prior Rectal Chlamydia and Gonorrhea Associated with Increased Risk of HIV Infection

Well into the third decade of the HIV epidemic, HIV continues to disproportionately affect men who have sex with men (MSM). We examined the relationship between the number of prior rectal gonorrhea or chlamydia cases and HIV seroconversion among a population of HIV-uninfected MSM diagnosed with a rectal infection at San Francisco City Clinic. Of the 541 MSM, 27 (5%) of the MSM became infected with HIV, for an estimated annual incidence of 2.3% (95% CI 1.6-3.3). The 83 (15%) MSM diagnosed with one prior rectal infection in the past two years, were over 4 times more likely to become HIV infected and those with at least two prior rectal infections in the past two years [13 (2%)] were nearly 9 times more likely to become HIV infected.

These data highlight the need for innovative prevention interventions for HIV negative MSM, in particular interventions that reduce rectal gonorrhea or chlamydia. One initial response will be the piloting of enhanced risk-reduction counseling sessions for HIV-uninfected MSM diagnosed with a new rectal STD, based on the principles of motivational interviewing. KB

San Francisco Monthly STD Report

Data for March, 2009
Report prepared April 21, 2009

Table 1. STDs among residents, March, 2009.

	2009		2008	
	month	*YTD*	*month*	*YTD*
Gonorrhea	147	499	160	527
Male rectal gonorrhea	35	133	39	131
Chlamydia	325	1,012	336	1,048
Male rectal chlamydia	61	192	52	156
Syphilis (adult total)	57	174	41	137
Primary & secondary	27	77	24	71
Early latent	21	66	14	48
Unknown latent	0	1	0	1
Late latent	9	30	3	17
Neurosyphilis	1	1	0	2
Congenital syphilis	0	0	0	1
PID	4	12	4	15
Adult male shigellosis	8	30	2	12

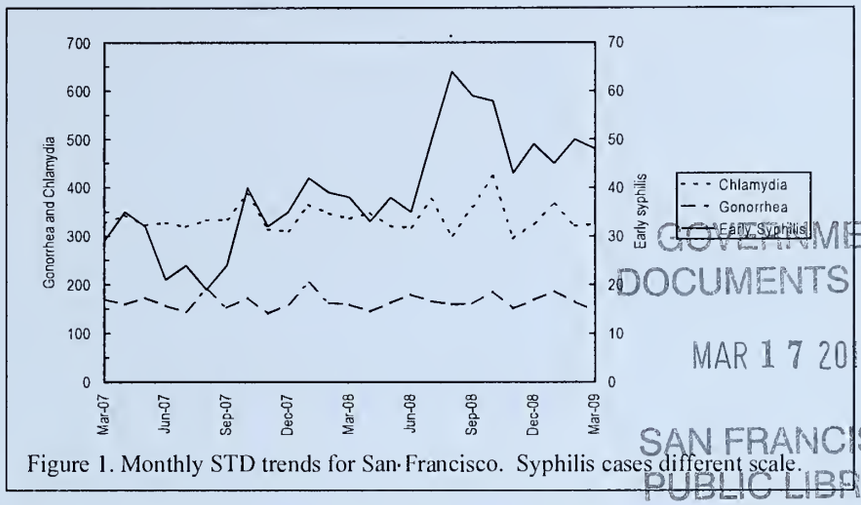

Figure 1. Monthly STD trends for San Francisco. Syphilis cases different scale.

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Table 2. Selected STD cases and rates for San Francisco by age and race/ethnicity, 2009 through March only. Rates equal cases per 100,000 residents per year based on 2000 US Census data.

	(All races)		Asian/PI		African American		Hispanic		White	
	cases	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*
All ages										
Chlamydia	1,012	521.2	118	187.0	204	1,273.6	149	544.3	289	341.1
Gonorrhea	499	257.0	36	57.1	83	518.27	4	270.3	224	264.4
Early syphilis	143	73.6	14	22.2	16	99.9	24	87.7	73	86.2
Under 20 yrs										
Chlamydia	184	1,432.7	16	293.7	77	4,677.8	22	794.3	19	685.1
Gonorrhea	33	257.0	3	55.1	17	1,032.8	0	0.0	4	144.2
Early syphilis	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

Table 3. HIV testing among City Clinic patients, March, 2009.

	2009		2008	
	month	*YTD*	*month*	*YTD*
Tests	476	1,293	425	1,414
Antibody positive	11	34	10	29
Acute HIV infection	1	6	2	6

Table 4. Methamphetamine-related visits to SFGH Emergency Departments, March, 2009. (Source: SAMHSA/OAS/DAWN)

	2009		2008	
	month	*YTD*	*month*	*YTD*
Male	34	98	33	87
Female	8	30	2	21

Note: All statistics are provisional until the annual report is released for the year. Morbidity is based on date of diagnosis. Totals for past months may change due to delays in reporting from labs and providers.

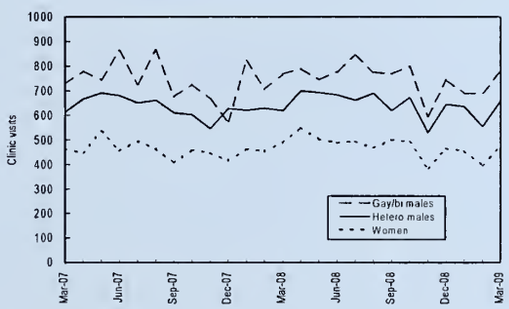

Figure 2. City Clinic visits by gender and orientation.

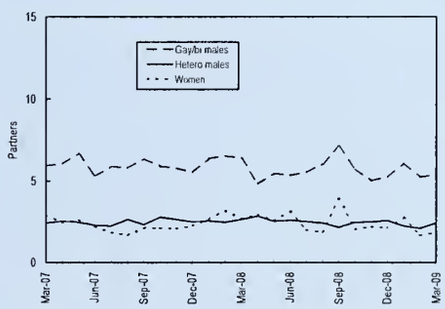

Figure 3. Average number of recent* sex partners for City Clinic visits by gender and sexual orientation.
**Recall period is 3 months.*

April is National STD Awareness Month

April was National Sexually Transmitted Disease (STD) Awareness Month and to highlight the importance of sexual health, two community events were convened. The Sexual Health Promotion Unit hosted Spring Cleaning for Gay & MSM in the Castro on April 18th and the YUTHE Team held a community based STD screening on April 22nd at the 3rd Street Clinic & Youth Center in the Bayview/Hunter's Point area.

REMEMBER: STD awareness is important to reinforce every month! We recommend the following ways to incorporate STD awareness into your workplace, school, and faith-based communities which include: Encourage those who do not have any symptoms, that would like to get an STD screening to go to STDtest.org, download a lab slip and take it to a local lab for testing, get your results online; Obtain up to date STD fact sheets and make them available at your organizations: www.sfcityclinic.org/providers, Click on "STD Fact Sheets". For more sexual health research articles, resources and other information, go to www.sfcityclinic.org. *JM/FS*

San Francisco Monthly STD Report

Data for April, 2009
Report prepared May 26, 2009

Table 1. STDs among residents, April, 2009.

	2009		2008	
	month	*YTD*	*month*	*YTD*
Gonorrhea	134	634	145	672
Male rectal gonorrhea	43	176	28	159
Chlamydia	348	1,370	348	1,398
Male rectal chlamydia	59	252	57	214
Syphilis (adult total)	52	226	48	185
Primary & secondary	26	104	20	91
Early latent	15	82	13	61
Unknown latent	0	1	0	1
Late latent	11	39	15	32
Neurosyphilis	0	4	2	4
Congenital syphilis	0	0	0	1
PID	8	20	1	16
Adult male shigellosis	16	46	6	18

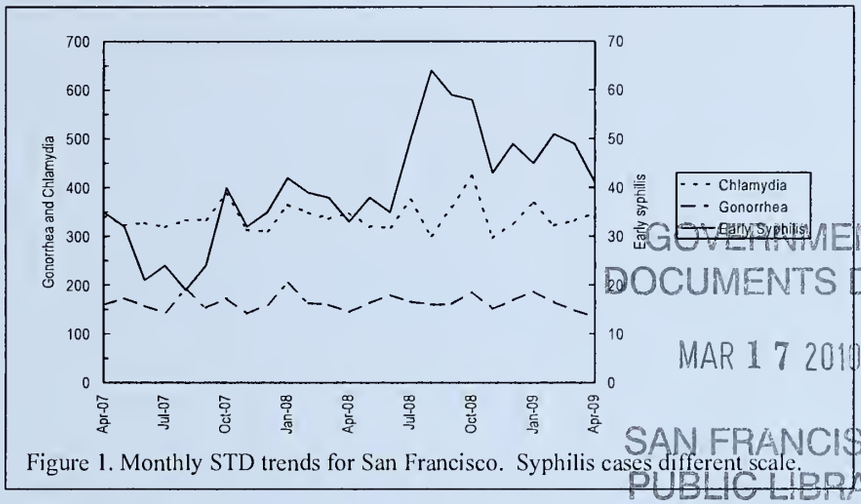

Figure 1. Monthly STD trends for San Francisco. Syphilis cases different scale.

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Table 2. Selected STD cases and rates for San Francisco by age and race/ethnicity, 2009 through April only. Rates equal cases per 100,000 residents per year based on 2000 US Census data.

	(All races)		Asian/PI		African American		Hispanic		White	
	cases	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*
All ages										
Chlamydia	1,370	529.1	165	196.1	265	1,240.8	216	591.8	400	354.1
Gonorrhea	634	244.9	45	53.5	107	501.09	2	252.1	299	264.7
Early syphilis	186	71.8	16	19.0	23	107.73	2	87.7	98	86.8
Under 20 yrs										
Chlamydia	244	1,424.9	23	316.6	97	4,419.6	36	974.8	28	757.2
Gonorrhea	39	227.8	4	55.1	18	820.1	1	27.1	6	162.3
Early syphilis	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

Table 3. HIV testing among City Clinic patients, April, 2009.

	2009		2008	
	month	*YTD*	*month*	*YTD*
Tests	464	1,760	336	1,750
Antibody positive	7	41	11	40
Acute HIV infection	3	9	1	7

Table 4. Methamphetamine-related visits to SFGH Emergency Departments, April, 2009. (Source: SAMHSA/OAS/DAWN)

	2009		2008	
	month	*YTD*	*month*	*YTD*
Male	34	132	28	115
Female	16	46	9	30

Note: All statistics are provisional until the annual report is released for the year. Morbidity is based on date of diagnosis. Totals for past months may change due to delays in reporting from labs and providers.

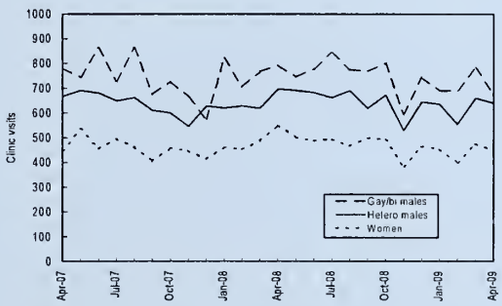

Figure 2. City Clinic visits by gender and orientation.

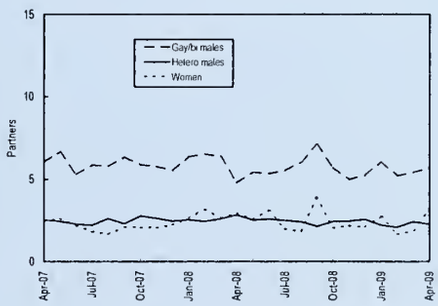

Figure 3. Average number of recent* sex partners for City Clinic visits by gender and sexual orientation.
**Recall period is 3 months.*

New San Francisco treatment recommendation for pharyngeal gonorrhea

Gonococcal infection of the throat (pharyngeal gonorrhea) is not uncommon in men who have sex with men (MSM). About 5-10 percent of sexually active MSM with more than one partner in San Francisco have pharyngeal gonorrhea. Symptoms are usually mild (sore throat, pain with swallowing) but most cases are asymptomatic. The SFDPH recommends screening every 3-6 months to find and treat infection early in order to reduce the ongoing spread of gonorrhea in the community.

In San Francisco, cefpodoxime 400mg tablets have been recommended for the treatment of all cases of gonorrhea regardless of the anatomic site of infection. However, because of concerns regarding the effectiveness of cefpodoxime for treating pharyngeal gonorrhea and in order to prevent the further development of drug-resistant gonorrhea, **the new recommended treatment for pharyngeal gonorrhea in San Francisco is injectable ceftriaxone 125 mg (IM, once).** Because data suggest that the combination of a cefpodoxime and azithromycin is also effective, an alternative treatment for pharyngeal gonorrhea is cefpodoxime 400 mg AND azithromycin 1 gm tablets. Cefpodoxime 400 mg tablets remain the recommended treatment for urogenital gonorrhea (i.e., infections of the cervix, urethra, or rectum). *PMB*

San Francisco Monthly STD Report

Data for May, 2009
Report prepared June 25, 2009

Table 1. STDs among residents, May, 2009.

	2009		2008	
	month	*YTD*	*month*	*YTD*
Gonorrhea	134	769	163	835
Male rectal gonorrhea	33	209	33	192
Chlamydia	295	1,666	320	1,718
Male rectal chlamydia	42	294	60	274
Syphilis (adult total)	57	282	45	230
Primary & secondary	32	136	21	112
Early latent	16	98	17	78
Unknown latent	0	1	2	3
Late latent	9	47	5	37
Neurosyphilis	0	4	1	5
Congenital syphilis	0	0	1	2
PID	3	23	3	19
Adult male shigellosis	7	53	2	20

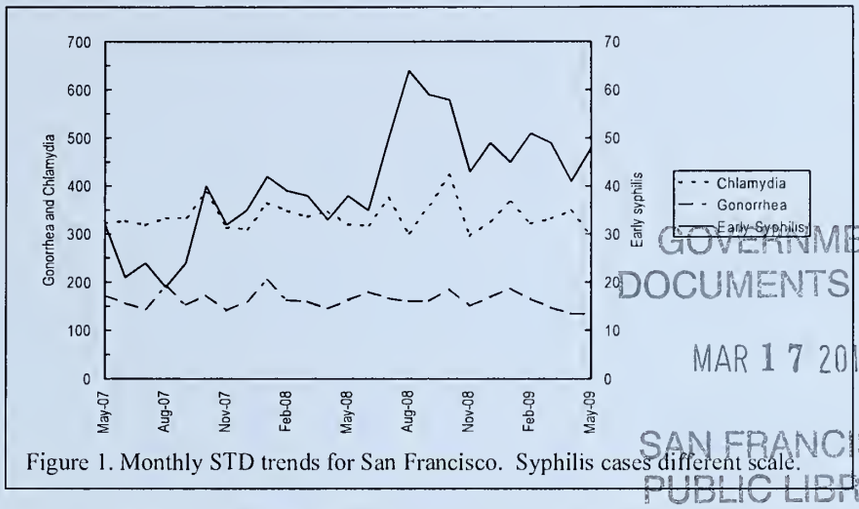

Figure 1. Monthly STD trends for San Francisco. Syphilis cases different scale.

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Table 2. Selected STD cases and rates for San Francisco by age and race/ethnicity, 2009 through May only. Rates equal cases per 100,000 residents per year based on 2000 Census.

	(All races)		Asian/PI		African American		Hispanic		White	
	cases	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*
All ages										
Chlamydia	1,666	514.8	201	191.2	326	1,221.2	253	554.5	492	348.4
Gonorrhea	769	237.6	50	47.6	134	502.0	116	254.2	365	258.5
Early syphilis	234	72.3	25	23.8	30	112.44	3	94.2	121	85.7
Under 20 yrs										
Chlamydia	298	1,392.2	31	341.4	122	4,446.9	43	931.5	32	692.3
Gonorrhea	45	210.2	4	44.1	20	729.0	1	21.7	7	151.4
Early syphilis	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

Table 3. HIV testing among City Clinic patients, May, 2009.

	2009		2008	
	month	*YTD*	*month*	*YTD*
Tests	312	2,072	461	2,211
Antibody positive	3	44	5	44
Acute HIV infection	0	9	1	8

Table 4. Methamphetamine-related visits to SFGH Emergency Departments, May, 2009. (Source: SAMHSA/OAS/DAWN)

	2009		2008	
	month	*YTD*	*month*	*YTD*
Male	36	168	25	140
Female	8	54	6	36

Note: All statistics are provisional until the annual report is released for the year. Morbidity is based on date of diagnosis. Totals for past months may change due to delays in reporting from labs and providers.

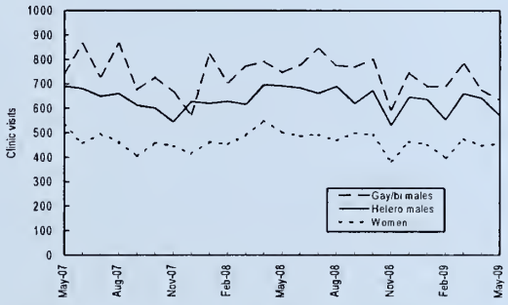

Figure 2. City Clinic visits by gender and orientation.

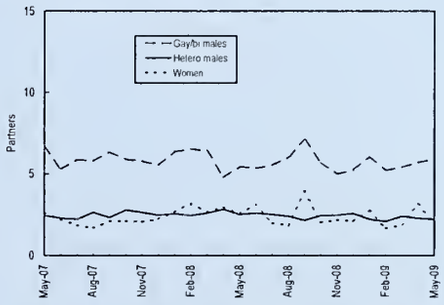

Figure 3. Average number of recent* sex partners for City Clinic visits by gender and sexual orientation.
**Recall period is 3 months.*

Serologic Testing for Syphilis

The algorithm most commonly used to detect infection with *Treponema pallidum*, the causative agent of syphilis, uses a non-treponemal test for initial screening followed by a confirmatory treponemal-specific test. The non-treponemal tests are so named because they do not detect antibodies specific to *T. pallidum*; they include the rapid plasma reagin (RPR) test as well as the Venereal Disease Research laboratory (VDRL) test. The RPR and VDRL can be falsely positive, usually with a low titer, in many conditions, including injection drug use, hepatitis, connective tissues diseases and infections such as endocarditis or tuberculosis. For that reason, a reactive RPR or VDRL should always be followed with a confirmatory treponemal-specific test such as a *Treponema pallidum* particle agglutination (TPPA) test, or a fluorescent treponemal antibody absorption (FTA-ABS) test. It is important to review both tests before diagnosing syphilis. Patients with a reactive RPR or VDRL and non-reactive TPPA or FTA-ABS do not have syphilis, and they do not require treatment. Since syphilis rates continue to be high in San Francisco among HIV-infected and uninfected men who have sex with men, please continue to offer STD screening to these patients every 3-6 months. Guidelines and expert consultation are available to clinicians via www.sfcityclinic.org or by calling the City Clinic clinician line at (415) 487-5595 during clinic hours. *SP*

San Francisco Monthly STD Report

Data for June, 2009
Report prepared July 22, 2009

Table 1. STDs among residents, June, 2009.

	2009		2008	
	month	*YTD*	*month*	*YTD*
Gonorrhea	147	916	180	1,015
Male rectal gonorrhea	26	236	41	233
Chlamydia	337	2,015	318	2,036
Male rectal chlamydia	52	347	47	321
Syphilis (adult total)	51	330	47	277
Primary & secondary	31	164	23	135
Early latent	11	109	12	90
Unknown latent	0	1	0	3
Late latent	9	56	12	49
Neurosyphilis	1	6	0	5
Congenital syphilis	0	0	0	2
PID	5	28	4	23
Adult male shigellosis	8	61	4	24

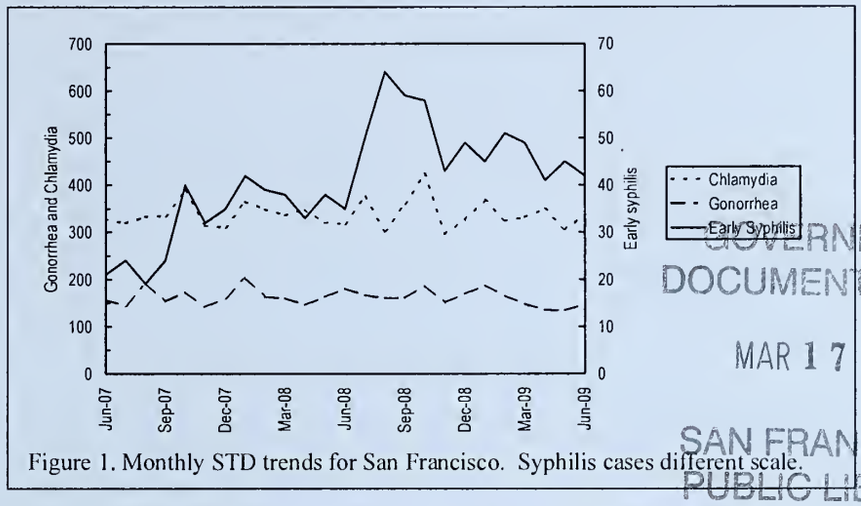

Figure 1. Monthly STD trends for San Francisco. Syphilis cases different scale.

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Table 2. Selected STD cases and rates for San Francisco by age and race/ethnicity, 2009 through June only. Rates equal cases per 100,000 residents per year based on 2000 Census.

	(All races)		Asian/PI		African American		Hispanic		White	
	cases	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*
All ages										
Chlamydia	2,015	518.8	252	199.7	390	1,217.4	303	553.4	580	342.3
Gonorrhea	916	235.9	61	48.3	172	536.9	137	250.2	425	250.8
Early syphilis	273	70.3	31	24.6	30	93.7	51	93.2	144	85.0
Under 20 yrs										
Chlamydia	362	1,409.3	39	357.9	142	4,313.3	50	902.6	37	667.0
Gonorrhea	55	214.1	5	45.9	28	850.5	1	18.1	7	126.2
Early syphilis	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

Table 3. HIV testing among City Clinic patients, June, 2009.

	2009		2008	
	month	*YTD*	*month*	*YTD*
Tests	378	2,450	444	2,655
Antibody positive	9	53	2	46
Acute HIV infection	0	9	0	8

Table 4. Methamphetamine-related visits to SFGH Emergency Departments, June, 2009. (Source: SAMHSA/OAS/DAWN)

	2009		2008	
	month	*YTD*	*month*	*YTD*
Male	36	204	43	183
Female	4	58	6	42

Note: All statistics are provisional until the annual report is released for the year. Morbidity is based on date of diagnosis. Totals for past months may change due to delays in reporting from labs and providers.

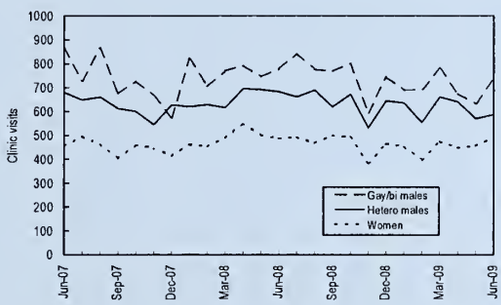

Figure 2. City Clinic visits by gender and orientation.

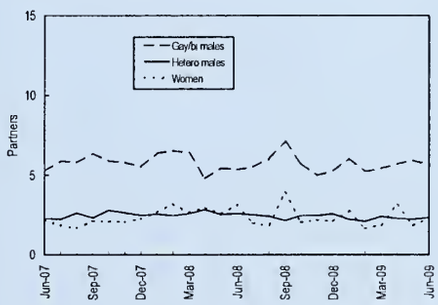

Figure 3. Average number of recent* sex partners for City Clinic visits by gender and sexual orientation.
**Recall period is 3 months.*

Underreporting of Pelvic Inflammatory Disease in San Francisco

Pelvic Inflammatory Disease (PID) is a disorder of the upper genital tract caused by a wide spectrum of aerobic and anaerobic microbes that ascend from the cervix or vagina into the endometrium, fallopian tubes or other parts of the reproductive system. PID has been associated with female infertility and poor pregnancy outcomes. In California, PID is a reportable condition under Title 17 of the State Code of Regulations. We examined reports of PID in San Francisco from 2004 through 2008. There were 50 reported cases of PID in San Francisco in 2004, which declined to a low of 26 in 2006 and rebounded to 51 in 2008. While in 2004 over half of the reported PID cases were diagnosed outside of the municipal STD clinic, this proportion decreased over time, and by 2009, 96% of reported PID was identified at the STD clinic. These data suggest that reporting of PID from non-STD clinic providers has declined over time. Please report all PID cases to San Francisco STD Prevention and Control Services. Provider reporting of PID is not only required by law, but also allows the San Francisco Department of Health to accurately measure the burden of PID and ensure that resources are appropriately directed towards prevention and treatment of this important syndrome. For questions regarding PID reporting, please contact Ameera Snell (415 487-5515 or Ameera.Snell@sfdph.org). *KB/SS/AS*

San Francisco Monthly STD Report

Data for July, 2009
Report prepared August 27, 2009

Table 1. STDs among residents, July, 2009.

	2009		2008	
	month	*YTD*	*month*	*YTD*
Gonorrhea	149	1,066	167	1,182
Male rectal gonorrhea	37	274	34	267
Chlamydia	314	2,328	375	2,411
Male rectal chlamydia	65	413	61	382
Syphilis (adult total)	48	380	60	337
Primary & secondary	28	192	27	162
Early latent	9	118	23	113
Unknown latent	0	1	0	3
Late latent	11	69	10	59
Neurosyphilis	1	7	0	5
Congenital syphilis	0	0	0	2
PID	4	32	5	28
Adult male shigellosis	1	62	6	30

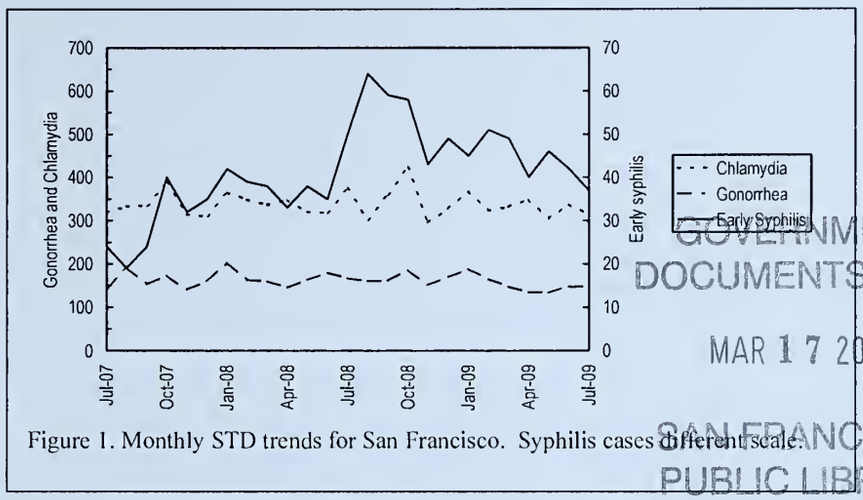

Figure 1. Monthly STD trends for San Francisco. Syphilis cases different scale.

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Table 2. Selected STD cases and rates for San Francisco by age and race/ethnicity, 2009 through July only. Rates equal cases per 100,000 residents per year based on 2000 Census.

	(All races)		Asian/PI		African American		Hispanic		White	
	cases	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*
All ages										
Chlamydia	2,328	513.8	304	206.5	464	1,241.5	346	541.7	671	339.4
Gonorrhea	1,066	235.3	73	49.6	202	540.5	153	239.5	500	252.9
Early syphilis	310	68.4	36	24.5	32	85.6	57	89.2	164	83.0
Under 20 yrs										
Chlamydia	413	1,378.2	49	385.5	172	4,478.2	52	804.6	41	633.6
Gonorrhea	67	223.6	7	55.1	33	859.2	3	46.4	9	139.1
Early syphilis	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

Table 3. HIV testing among City Clinic patients, July, 2009.

	2009		2008	
	month	*YTD*	*month*	*YTD*
Tests	386	2,836	468	3,123
Antibody positive	5	58	9	56
Acute HIV infection	3	12	1	9

Table 4. Methamphetamine-related visits to SFGH Emergency Departments, July, 2009. (Source: SAMHSA/OAS/DAWN)

	2009		2008	
	month	*YTD*	*month*	*YTD*
Male	25	229	33	216
Female	6	64	8	50

Note: All statistics are provisional until the annual report is released for the year. Morbidity is based on date of diagnosis. Totals for past months may change due to delays in reporting from labs and providers.

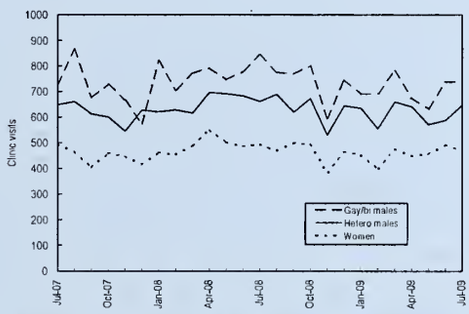

Figure 2. City Clinic visits by gender and orientation.

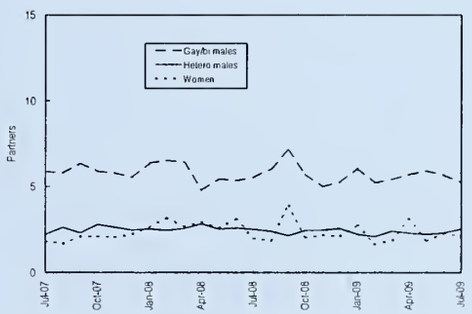

Figure 3. Average number of recent* sex partners for City Clinic visits by gender and sexual orientation.
**Recall period is 3 months.*

2009 CDC and APHL Guidelines for Laboratory Testing for Chlamydia trachomatis and Neisseria gonorrhoeae

Chlamydia and gonorrhea are the two most common reportable bacterial diseases in the U.S. and in San Francisco. Recently, the Centers for Disease Control and Prevention (CDC) and the Association of Public Health Laboratories (APHL) have issued summary guidelines for laboratory diagnostic testing for these infections. The STD Section of the San Francisco Department of Public Health endorses these recommendations, which include: 1. Nucleic acid amplification tests (NAATs) are the tests of choice to detect infection with *C. trachomatis* or *N. gonorrhoeae*. 2. Optimal specimen types for genital infections are first catch urine from men and vaginal swabs from women. 3. NAATs are also recommended for diagnosis of pharyngeal and rectal infections in men who have sex with men*. 4. Routine repeat testing of NAAT positive specimens is not recommended.

The summary guidelines may be found here http://www.aphl.org/aphlprograms/infectious/std/Pages/stdtestingguidelines.aspx or at www.sfcityclinic.org under 'For Providers'. Questions may also be directed to Ameera Snell at (415) 487-5515 or Ameera.Snell@sfdph.org.

*Commercial NAATs are not currently FDA-cleared for these sites, but several local and national laboratories, including the SFDPH Public Health Lab, Quest Diagnostics, and LabCorp have performed verification testing that allows their use. *SP*

San Francisco Monthly STD Report

Data for August, 2009
Report prepared September 16, 2009

Table 1. STDs among residents, August, 2009.

	2009		2008	
	month	*YTD*	*month*	*YTD*
Gonorrhea	142	1,207	160	1,342
Male rectal gonorrhea	38	312	38	305
Chlamydia	307	2,639	302	2,713
Male rectal chlamydia	54	468	57	439
Syphilis (adult total)	48	428	69	406
Primary & secondary	21	213	41	203
Early latent	19	137	23	136
Unknown latent	0	1	1	4
Late latent	8	77	4	63
Neurosyphilis	0	7	2	7
Congenital syphilis	0	0	0	2
PID	4	36	3	31
Adult male shigellosis	9	71	4	34

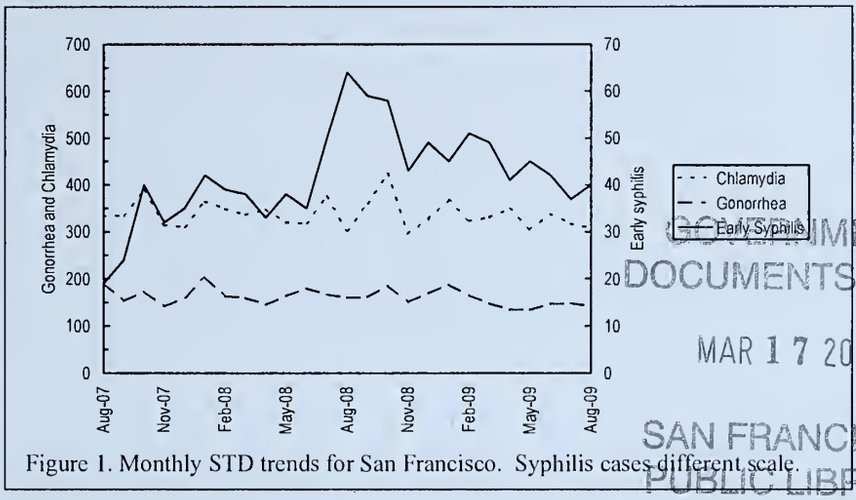

Figure 1. Monthly STD trends for San Francisco. Syphilis cases different scale.

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Table 2. Selected STD cases and rates for San Francisco by age and race/ethnicity, 2009 through August only. Rates equal cases per 100,000 residents per year based on 2000 Census.

	(All races)		Asian/PI		African American		Hispanic		White	
	cases	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*
All ages										
Chlamydia	2,639	509.6	332	197.3	549	1,285.3	394	539.7	746	330.2
Gonorrhea	1,207	233.1	82	48.7	228	533.8	172	235.6	567	251.0
Early syphilis	350	67.6	39	23.2	35	81.9	59	80.8	193	85.4
Under 20 yrs										
Chlamydia	468	1,366.5	56	385.5	201	4,579.1	59	798.8	44	594.9
Gonorrhea	75	219.0	8	55.1	36	820.1	3	40.6	10	135.2
Early syphilis	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

Table 3. HIV testing among City Clinic patients, August, 2009.

	2009		2008	
	month	*YTD*	*month*	*YTD*
Tests	357	3,193	499	3,623
Antibody positive	5	63	11	67
Acute HIV infection	1	12	4	13

Table 4. Methamphetamine-related visits to SFGH Emergency Departments, August, 2009. (Source: SAMHSA/OAS/DAWN)

	2009		2008	
	month	*YTD*	*month*	*YTD*
Male	32	261	32	248
Female	8	72	8	58

Note: All statistics are provisional until the annual report is released for the year. Morbidity is based on date of diagnosis. Totals for past months may change due to delays in reporting from labs and providers.

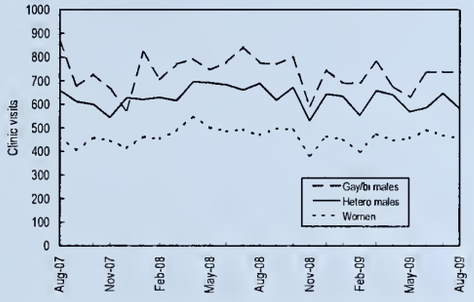

Figure 2. City Clinic visits by gender and orientation.

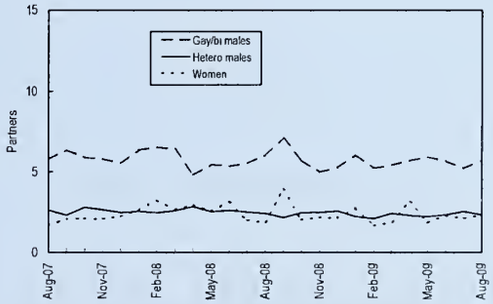

Figure 3. Average number of recent* sex partners for City Clinic visits by gender and sexual orientation.
**Recall period is 3 months.*

Shortage of erythromycin (0.5%) ophthalmic ointment

Due to a change in manufacturers, there is currently a nationwide shortage of erythromycin (0.5%) ophthalmic ointment used for the prophylaxis of ophthalmia neonatorum, or newborn infectious conjunctivitis, which may be caused by *Neisseria gonorrhoeae*. CDC and the FDA are working with the manufacturers to reestablish production. Until production of erythromycin ophthalmic ointment resumes, please reserve the use of erythromycin (0.5%) ophthalmic ointment for neonatal prophylaxis only. An acceptable alternative agent for newborn prophylaxis is azithromycin (1%) ophthalmic solution. Gentamicin (0.3%) ophthalmic ointment, or tobramycin (0.3%) ophthalmic ointment may also be used. As there is less data on efficacy of these alternate treatments, close clinical monitoring of the newborn is essential. Please continue to follow SFDPH STD Prevention and Control Section recommendations to screen all pregnant women for gonorrhea, chlamydia, and syphilis in the first trimester and repeat in the third trimester for high-risk women. Please report all positive results in pregnant women promptly to Ameera Snell or Monica Lee at (415) 487-5555. *SP*

San Francisco Monthly STD Report

Data for September, 2009
Report prepared October 23, 2009

Table 1. STDs among residents, September, 2009.

	2009		2008	
	month	*YTD*	*month*	*YTD*
Gonorrhea	155	1,368	161	1,503
Male rectal gonorrhea	36	349	36	341
Chlamydia	358	3,039	360	3,073
Male rectal chlamydia	76	546	67	506
Syphilis (adult total)	43	473	69	475
Primary & secondary	22	235	39	242
Early latent	13	149	20	156
Unknown latent	0	1	0	4
Late latent	8	88	10	73
Neurosyphilis	0	7	0	7
Congenital syphilis	0	0	0	2
PID	5	41	5	36
Adult male shigellosis	12	83	6	40

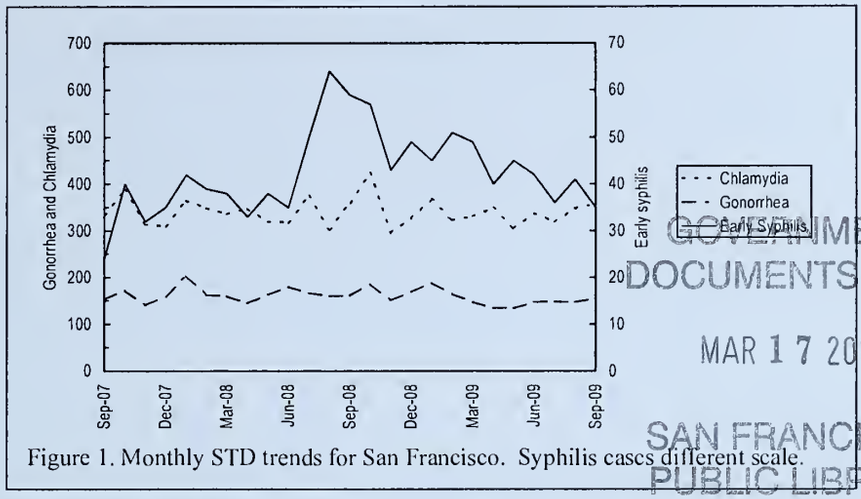

Figure 1. Monthly STD trends for San Francisco. Syphilis cases different scale.

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Table 2. Selected STD cases and rates for San Francisco by age and race/ethnicity, 2009 through September only. Rates equal cases per 100,000 residents per year based on 2000 Census.

	(All races)		Asian/PI		African American		Hispanic		White	
	cases	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*
All ages										
Chlamydia	3,039	521.7	377	199.2	628	1,306.9	466	567.4	856	336.8
Gonorrhea	1,368	234.8	91	48.1	253	526.5	190	231.4	644	253.4
Early syphilis	384	65.9	43	22.7	38	79.1	64	77.9	210	82.6
Under 20 yrs										
Chlamydia	541	1,404.1	65	397.7	228	4,617.0	74	890.6	53	637.0
Gonorrhea	84	218.0	8	49.0	39	789.8	6	72.2	11	132.2
Early syphilis	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

Table 3. HIV testing among City Clinic patients, September, 2009.

	2009		2008	
	month	*YTD*	*month*	*YTD*
Tests	344	3,537	463	4,086
Antibody positive	7	70	10	77
Acute HIV infection	0	12	0	13

Table 4. Methamphetamine-related visits to SFGH Emergency Departments, September, 2009. (Source: SAMHSA/OAS/DAWN)

	2009		2008	
	month	*YTD*	*month*	*YTD*
Male	38	299	27	275
Female	5	77	12	70

Note: All statistics are provisional until the annual report is released for the year. Morbidity is based on date of diagnosis. Totals for past months may change due to delays in reporting from labs and providers.

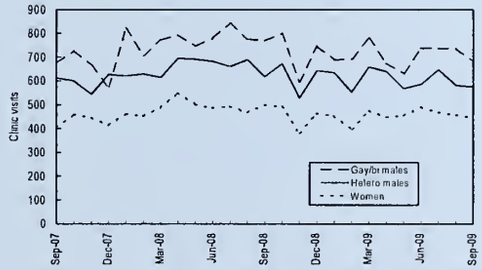

Figure 2. City Clinic visits by gender and orientation.

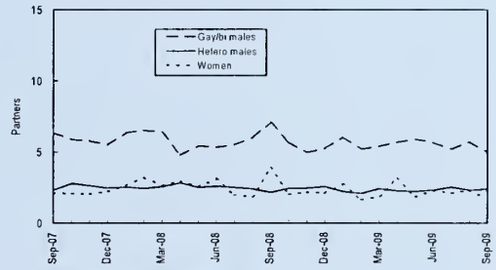

Figure 3. Average number of recent* sex partners for City Clinic visits by gender and sexual orientation.
**Recall period is 3 months.*

STD Prevention & Control Section addresses routine STD screening for young women and men who have sex with men in San Francisco

The San Francisco Department of Public Health's STD Prevention and Control Section has expanded its community-based STD screening to help reduce the rates of syphilis among gay and bisexual men and chlamydia and gonorrhea among young women. STDtest.org has been re-launched and changed from an online testing program to a walk-in community screening site to provide better access and convenience for routine asymptomatic STD screening. The sites are: Cicatrix Tattoo Parlor, 3991 17th St @ Market (in the Castro area), hours are Mondays 7a–9a and Thursdays 7p–10p; and 1550 Evans St @ Third Street (inside of Walden House Agency in the Bayview Hunters-Point area), hours are 3p–5p Tuesdays and Thursdays. We offer the following tests: vaginal swab for gonorrhea and chlamydia and HIV test for young women; an HIV test for young men under 25 years of age; and rectal and throat swabs for gonorrhea and chlamydia, a blood test for syphilis and HIV test for gay and bisexual men. Both populations may go to either location. We accept donations at both sites. For more information about this program please go to www.stdtest.org or www.sfcityclinic.org. *JM*

San Francisco Monthly STD Report

Data for October, 2009
Report prepared November 23, 2009

Table 1. STDs among residents, October, 2009.

	2009		2008	
	month	*YTD*	*month*	*YTD*
Gonorrhea	145	1,517	186	1,688
Male rectal gonorrhea	42	391	37	377
Chlamydia	397	3,448	424	3,497
Male rectal chlamydia	70	616	69	575
Syphilis (adult total)	55	527	69	544
Primary & secondary	28	263	36	278
Early latent	18	166	21	177
Unknown latent	0	1	0	4
Late latent	9	97	12	85
Neurosyphilis	1	10	1	8
Congenital syphilis	0	0	0	2
PID	6	47	6	42
Adult male shigellosis	7	90	3	43

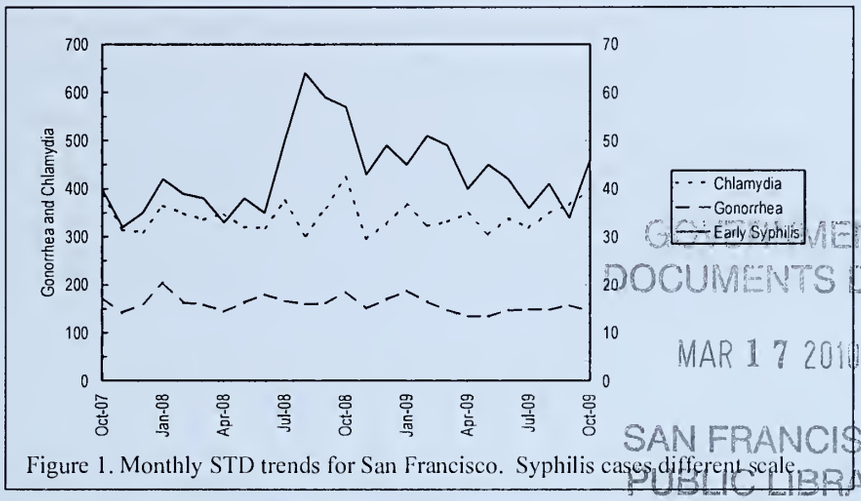

Figure 1. Monthly STD trends for San Francisco. Syphilis cases different scale.

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Table 2. Selected STD cases and rates for San Francisco by age and race/ethnicity, 2009 through October only. Rates equal cases per 100,000 residents per year based on 2000 Census.

	(All races)		Asian/PI		African American		Hispanic		White	
	cases	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*
All ages										
Chlamydia	3,448	532.7	428	203.5	729	1,365.4	525	575.3	966	342.0
Gonorrhea	1,517	234.4	101	48.0	282	528.2	210	230.1	709	251.0
Early syphilis	429	66.3	48	22.8	43	80.5	71	77.8	233	82.5
Under 20 yrs										
Chlamydia	607	1,417.9	74	407.5	259	4,720.3	82	888.2	60	649.0
Gonorrhea	95	221.9	8	44.1	44	801.9	8	86.7	11	119.0
Early syphilis	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

Table 3. HIV testing among City Clinic patients, October, 2009.

	2009		2008	
	month	*YTD*	*month*	*YTD*
Tests	313	3,850	454	4,540
Antibody positive	5	75	10	87
Acute HIV infection	2	14	0	13

Table 4. Methamphetamine-related visits to SFGH Emergency Departments, October, 2009. (Source: SAMHSA/OAS/DAWN)

	2009		2008	
	month	*YTD*	*month*	*YTD*
Male	34	333	44	319
Female	6	83	9	79

Note: All statistics are provisional until the annual report is released for the year. Morbidity is based on date of diagnosis. Totals for past months may change due to delays in reporting from labs and providers.

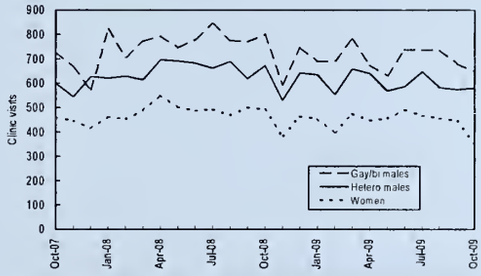

Figure 2. City Clinic visits by gender and orientation.

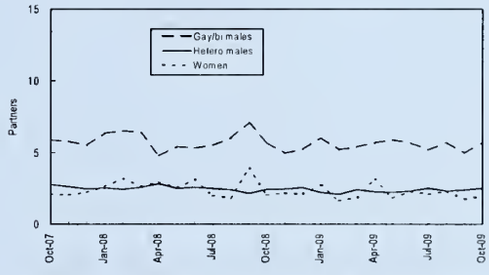

Figure 3. Average number of recent* sex partners for City Clinic visits by gender and sexual orientation.
**Recall period is 3 months.*

Increases in reported chlamydia and early syphilis in 2008, no change in gonorrhea, San Francisco

STD Prevention and Control Services has released its 2008 annual summary showing a 4.7% increase in reported chlamydia and a 55.8% increase in early syphilis in 2008 compared to 2007; no change was seen in reported gonorrhea. In 2008, 4,120 cases of chlamydia were reported to the San Francisco Department of Public Health for a rate of 530.4 per 100,000. Two thousand nine gonorrhea cases were reported for a rate of 258.6 per 100,000. In 2008, 548 early syphilis cases were reported (70.6 per 100,000), just 4 cases less than during the peak of epidemic syphilis in San Francisco in 2004. The STD Section continues to prioritize activities directed toward STD prevention in the highest risk populations in San Francisco: adolescents and men who have sex with men. The entire 2008 annual summary is available at http://www.sfdph.org/dph/files/reports/default.asp#annlSTD. *KB*

Beginning January 2010, the San Francisco STD Monthly Report will only be available online. It can be accessed anytime at http://www.sfdph.org/dph/files/reports/default.asp#MonSTD or from www.sfcityclinic.org under 'for Providers', scroll down to STD/HIV Surveillance Reports.

San Francisco Monthly STD Report

Data for November, 2009
Report prepared December 16, 2009

Table 1. STDs among residents, November, 2009.

	2009		2008	
	month	*YTD*	*month*	*YTD*
Gonorrhea	133	1,652	151	1,840
Male rectal gonorrhea	29	417	42	419
Chlamydia	351	3,804	296	3,793
Male rectal chlamydia	61	674	48	623
Syphilis (adult total)	42	571	53	597
Primary & secondary	27	291	26	304
Early latent	7	177	17	194
Unknown latent	0	1	0	4
Late latent	8	102	10	95
Neurosyphilis	1	13	2	10
Congenital syphilis	0	0	0	2
PID	3	50	5	47
Adult male shigellosis	6	96	4	47

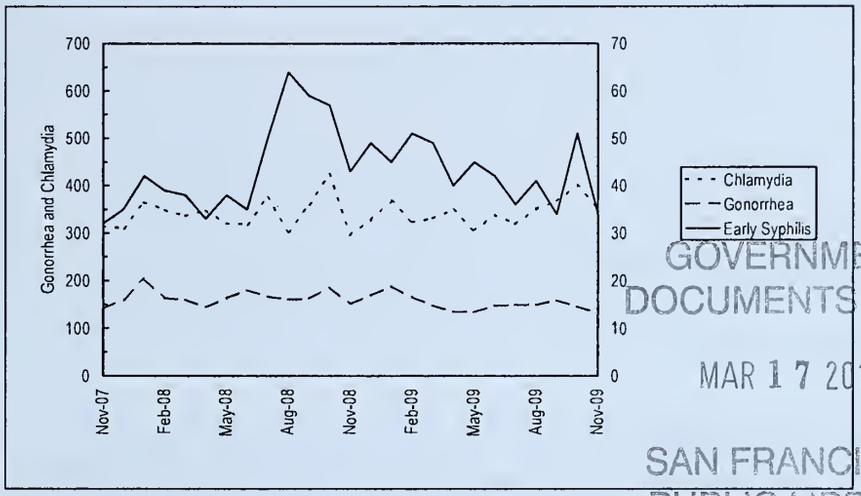

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Table 2. Selected STD cases and rates for San Francisco by age and race/ethnicity, 2009 through November only. Rates equal cases per 100,000 residents per year based on 2000 Census.

	(All races)		Asian/PI		African American		Hispanic		White	
	cases	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*
All ages										
Chlamydia	3,804	534.3	470	203.2	820	1,396.2	585	582.8	1,060	341.2
Gonorrhea	1,652	232.0	108	46.7	301	512.5	237	236.1	772	248.5
Early syphilis	468	65.7	50	21.6	49	83.4	82	81.7	248	79.8
Under 20 yrs										
Chlamydia	670	1,422.8	77	385.5	290	4,804.8	91	896.0	68	668.7
Gonorrhea	96	203.9	8	40.1	45	745.6	9	88.6	11	108.2
Early syphilis	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

Table 3. HIV testing among City Clinic patients, November, 2009.

	2009		2008	
	month	*YTD*	*month*	*YTD*
Tests	285	4,135	361	4,901
Antibody positive	10	85	6	93
Acute HIV infection	0	14	3	16

Table 4. Methamphetamine-related visits to SFGH Emergency Departments, November, 2009. (Source: SAMHSA/OAS/DAWN)

	2009		2008	
	month	*YTD*	*month*	*YTD*
Male	26	359	26	345
Female	12	95	7	86

Note: All statistics are provisional until the annual report is released for the year. Morbidity is based on date of diagnosis. Totals for past months may change due to delays in reporting from labs and providers.

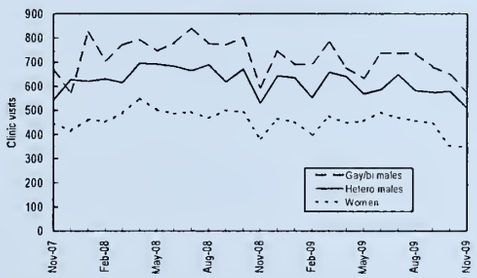

Figure 2. City Clinic visits by gender and orientation.

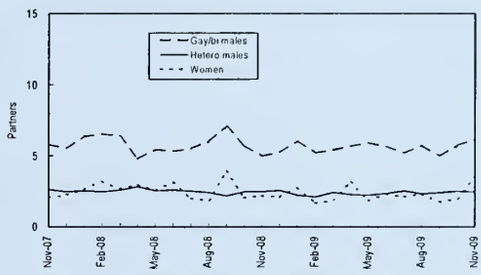

Figure 3. Average number of recent* sex partners for City Clinic visits by gender and sexual orientation.
**Recall period is 3 months.*

Repeat and Recurrent Bacterial Vaginosis, San Francisco City Clinic 2006-2009

Bacterial vaginosis (BV) is the most common cause of abnormal vaginal discharge in women of reproductive age and is characterized by a lack of hydrogen peroxide producing lactobacilli and a corresponding increase of anaerobic and other bacteria. BV has been associated with several outcomes such as preterm delivery and low birth weight, HIV acquisition, and STD including gonorrhea and HSV-2. While recommended treatments (Metronidazole 500mg twice a day for 7 days) have demonstrated efficacy, recurrence of BV is common. In a recent analysis of 819 women diagnosed with BV by Amsel's criteria at San Francisco City Clinic, approximately 24% of women had another diagnosed episode of BV in the 12 months following the initial diagnosis; approximately 8% of women went on to be diagnosed with at least 2 additional episodes in the subsequent 12 months. Providers should remind patients that recurrence of BV is common and requires repeated treatment if symptoms return; for complex cases, consultation with City Clinic clinicians is available at (415) 487-5595.
SS/SP

Update: We previously notified providers of a shortage of Erythromycin (0.5%) Ophthalmic Ointment. The 1 gram tube is now available, but providers are asked to limit orders to their immediate need until production further increases in 2010.

Beginning January 2010, the San Francisco STD Monthly Report will only be available online. It can be accessed anytime at http://www.sfdph.org/dph/files/reports/default.asp#MonSTD or from www.sfcityclinic.org under 'for Providers', scroll down to STD/HIV Surveillance Reports.

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San Francisco Monthly STD Report

Data for December, 2009
Report prepared January 27, 2010

Table 1. STDs among residents, December, 2009.

	2009		2008	
	month	*YTD*	*month*	*YTD*
Gonorrhea	160	1,811	169	2,008
Male rectal gonorrhea	40	457	47	465
Chlamydia	364	4,167	328	4,120
Male rectal chlamydia	66	740	44	666
Syphilis (adult total)	58	633	63	660
Primary & secondary	26	316	38	342
Early latent	25	206	11	205
Unknown latent	0	1	1	5
Late latent	7	110	13	108
Neurosyphilis	3	17	2	12
Congenital syphilis	0	1	0	2
PID	4	55	4	51
Adult male shigellosis	8	104	8	55

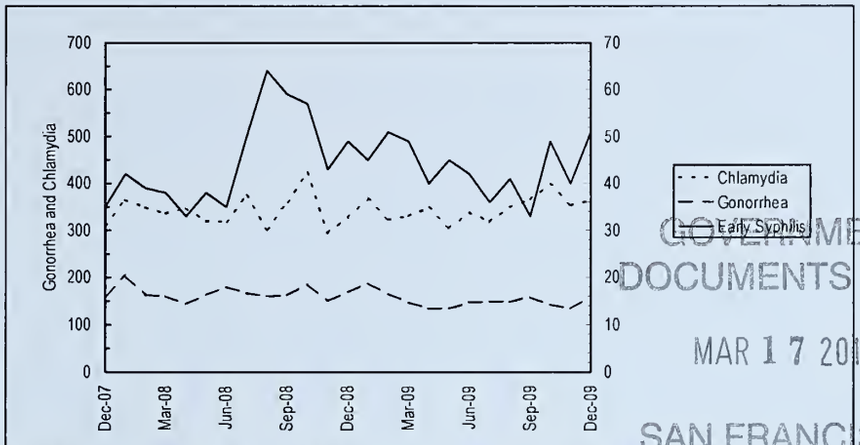

Figure 1. Monthly STD trends for San Francisco. Syphilis cases different scale.

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Table 2. Selected STD cases and rates for San Francisco by age and race/ethnicity, 2009 through December. Rates equal cases per 100,000 residents per year based on 2000 Census.

	(All races)		Asian/PI		African American		Hispanic		White	
	cases	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*
All ages										
Chlamydia	4,167	536.5	515	204.1	907	1,415.6	639	583.5	1,175	346.7
Gonorrhea	1,811	233.2	121	47.9	327	510.4	261	238.4	845	249.3
Early syphilis	522	67.2	55	21.8	52	81.2	93	84.9	289	85.3
Under 20 yrs										
Chlamydia	737	1,434.6	83	380.9	328	4,981.5	100	902.6	75	676.0
Gonorrhea	10320	0.5	8	36.7	50	759.4	9	81.2	11	99.2
Early syphilis	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

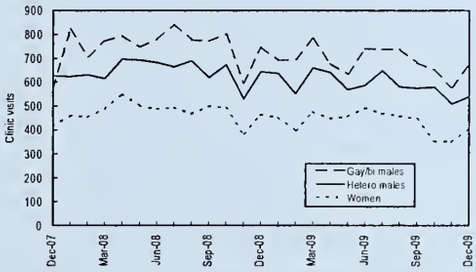
Table 3. HIV testing among City Clinic patients, December, 2009.

	2009		2008	
	month	*YTD*	*month*	*YTD*
Tests	311	4,446	469	5,370
Antibody positive	4	89	5	98
Acute HIV infection	0	14	1	17

Table 4. Methamphetamine-related visits to SFGH Emergency Departments, December, 2009. (Source: SAMHSA/OAS/DAWN)

	2009		2008	
	month	*YTD*	*month*	*YTD*
Male	21	380	14	359
Female	9	104	8	94

Note: All statistics are provisional until the annual report is released for the year. Morbidity is based on date of diagnosis. Totals for past months may change due to delays in reporting from labs and providers.



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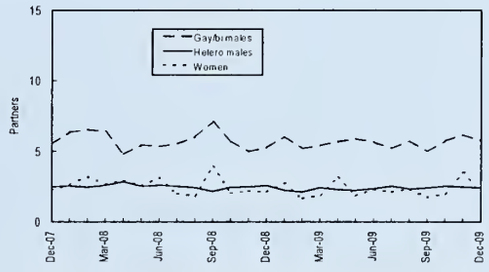

Figure 3. Average number of recent* sex partners for City Clinic visits by gender and sexual orientation.
**Recall period is 3 months.*

Preliminary 2009 San Francisco Data Shows Declines in Reported Gonorrhea and Early Syphilis, Small Increases in Chlamydia

In 2009, increases were noted for chlamydia in San Francisco, while reported gonorrhea and early syphilis declined compared to 2008. Overall reported chlamydia increased from 4,120 to 4,169 (1.2%) while rectal chlamydia increased in 2009 from 666 to 740 cases for an 11.1% annual increase. Reported gonorrhea declined 9.8% from 2,008 cases in 2008 to 1,812 in 2009. Additionally, rectal gonorrhea among men declined from 465 cases to 457 – a 1.7% decline. After a sharp increase in early syphilis seen in 2008, early syphilis declined in 2009 by 4.2%; from 547 cases to 524.

San Francisco Department of Public Health recommends that all sexually active men who have sex with men be screened every 3-6 months for syphilis, chlamydia, and gonorrhea. Additionally, all women 25 years old and younger should be screened for chlamydia at least annually. All patients with an STD should be treated promptly and encouraged to return for a re-screening in 3 months. STD screening is available at San Francisco City Clinic, through community clinics, private providers, and STDtest.org. More comprehensive data will be available with the publication of the 2009 Annual Summary. The 2008 Annual Summary can be found at at http://www.sfdph.org/dph/files/reports/default.asp#annlSTD. *KB*

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